



Ancillary Testing Requirements

- **CRITICAL RESULT**

- Required must add **Notified Provider** comment per test of action - glucose **Critical result <50 or 500>**
- Use **Repeated Test** comment for action if another test will be performed immediately within 2 minutes.

- **All** critical results must have the required comment in meter and note in CPRS.

- **CPRS Note:** **Notification of Glucometer/IStat Notification of Critical Test**

Full Name of Provider..... → is this the provider that the nurse notifies

Credentials..... → the provider's credentials

Time Notified Provider (within 60 Minutes)...→ notification time within 60 mins of the performed test

Readback→Yes, completed

Template: NOTIFICATION NOTE-GLUCOMETER/ISTAT CRITICAL RESULT
Total Number of Required Fields without Values: 29

☒ GLUCOMETER/ISTAT CRITICAL RESULT NOTE ☐ CRITICAL ION ☐ OTHER

☒ Glucometer Reading: ☐ UNRECORDED ☐ CRITICAL ION ☐ OTHER

Date/Time of Glucometer Reading: (M)
Full Name of Provider Notified: (M)
Date/Time Provider Notified: (M)
Provider Read Back Completed: (M)
Comments:

Critical Values shall be verbally communicated to Provider within 60 minutes.
Documentation of communication to Provider will include Critical Value test
results, PROFESSIONAL TITLE and FULL NAME of Provider, DATE/TIME of the
communication, and verification of VERBALLY READ BACK by Provider.

☒ ISTAT Test Reading(s) (**RECORD EACH TEST SEPARATELY**)

☒ ISTAT 1

☒ ISTAT Reading: ☐ Troponin ☐ Sodium ☐ Potassium ☐ Ionized Calcium ☐ Glucose
☐ Hemoglobin ☐ Hemoglobin ☐ pH ☐ P02 ☐ P02

Date/Time of Reading: (M)
Full Name of Provider Notified: (M)
Date/Time Provider Notified: (M)
Provider Read Back Completed: (M)
Full Name of SH notified: (M)
Date/Time SH notified: (M)
Comments:

☒ ISTAT 2

☒ ISTAT Reading: ☐ Troponin ☐ Sodium ☐ Potassium ☐ Ionized Calcium ☐ Glucose
☐ Hemoglobin ☐ Hemoglobin ☐ pH ☐ P02 ☐ P02

Date/Time of Reading: (M)
Full Name of Provider Notified: (M)
Date/Time Provider Notified: (M)
Provider Read Back Completed: (M)
Full Name of SH notified: (M)
Date/Time SH notified: (M)
Comments:

☒ ISTAT 3

☒ ISTAT Reading: ☐ Troponin ☐ Sodium ☐ Potassium ☐ Ionized Calcium ☐ Glucose
☐ Hemoglobin ☐ Hemoglobin ☐ pH ☐ P02 ☐ P02

Date/Time of Reading: (M)
Full Name of Provider Notified: (M)
Date/Time Provider Notified: (M)
Provider Read Back Completed: (M)
Full Name of SH notified: (M)
Date/Time SH notified: (M)
Comments:

- **PATIENT ID** *Input the inpatient **full SSN** by scanning the barcode on the Veteran's VA wristband, or for outpatients manually enter **full SSN** and check for accuracy.*