

## Critical Tests and Values List

From Document: Verbal Reporting of Critical Tests and Values Policy

### Critical Tests

<i>Test</i>	<i>Result</i>	<i>Units</i>	<i>Comments</i>	<i>Laboratory</i>
Gram stains from the OR	On Request	N/A	Call directly to the OR room	Microbiology
Frozen section diagnosis	All results	N/A	Call directly to the OR room	Gross Room (Surgical Pathology)
Cytogenetic karyotypes and/or FISH	All abnormal“STAT” NICU bloods < 7 days old	N/A	Call to NICU nurse or Medical Geneticist	Cytogenetics
Ethylene glycol	All results for those ordered “STAT” to UPMC	As reported by UPMC	Call caregiver on floor with result	Send out testing
Lactic Acid (Lactate)	≥ 4.0	mmol/L	First time elevated result on inpatients and outpatients or ≥ 24 hours from previous specimen collection time	Chemistry

### Critical Results

<i>Test</i>	<i>Result (Low)</i>	<i>Result (High)</i>	<i>Units</i>	<i>Comments/Criteria</i>	<i>Laboratory</i>
<b>Acetaminophen</b>		≥ 120	ug/mL		Chemistry
<b>Alcohol (Ethanol)</b>		≥ 250	mg/dL		Chemistry
<b>Amikacin</b>		>8.0 Trough	ug/mL		Chemistry
<b>Amikacin</b>		≥ 35.1 Peak or Random	ug/mL		Chemistry
<b>APTT</b>		> 120 or No Result	seconds		Hematology
<b>Blood Culture</b>		All positive blood cultures are called with the exception of deceased patient samples and ME cases.		Any licensed health care provider	Microbiology
<b>Calcium</b>	≤ 6.5	≥ 13.0	mg/dL		Chemistry
<b>Carbamazepine</b>		≥ 12.1	ug/mL		Chemistry
<b>CJD</b>		Biopsy Proven CJD		In addition to ordering Physician, notify Infection Control Practitioner(s)	Pathology
<b>Cyclosporine</b>		≥ 650 Trough	ng/mL		Chemistry
<b>Cyclosporine</b>		≥ 1500 Peak or Random	ng/mL		Chemistry
<b>Digoxin</b>		≥ 2.1	ng/mL		Chemistry
<b>Fibrinogen</b>	< 100 or No Result		mg/dL		Hematology
<b>Free Phenytoin</b>		≥ 2.1	ug/mL		Chemistry
<b>Gentamicin</b>		> 2.1 Trough	ug/mL		Chemistry
<b>Gentamicin</b>		≥ 10.1 Peak 16Hr or Random	ug/mL		Chemistry
<b>Gentamicin</b>		≥ 40 High Dose	ug/mL		Chemistry
<b>Glucose</b>	≤ 40	≥ 200	mg/dL	< or = 7 days old	Chemistry
<b>Glucose</b>	≤ 40	≥300	mg/dL	> 7 days old -90 days	Chemistry
<b>Glucose</b>	≤ 53	≥400	mg/dl	≥ 91 days old	Chemistry
<b>Glucose on Accucheck</b>	< 40	> 200	mg/dL	NICU and MICC neonates	Point of Care
<b>Glucose on Accucheck</b>	< 50	> 400	mg/dL	All other units	Point of Care
<b>Glucose Tolerance</b>	≤ 53	≥ 400	mg/dL	Call all GLT2 from POC and UTC, If ≥150 tell Phlebotomist to hold glucola and contact ordering physician.	Chemistry
<b>Gram Stain or Culture from CSF</b>		Positive for bacteria			Microbiology

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<b>Hemoglobin</b>	< 10	> 22	gm/dl	< 30 days old	Hematology
<b>Hemoglobin</b>	< 7	> 20	gm/dl	> or = 30 days old	Hematology
<b>HIV-1AB/ HIV-2 AB Confirmation</b>	Any combination of indeterminate and/or negative results following positive HIV screen			Called to the Resident Pathologist (assigned to chemistry and/or on call)	Chemistry
<b>INR</b>		> 5.0 or No Result			Hematology
<b>Lidocaine</b>		≥ 5.1	ug/mL		Chemistry
<b>Lithium</b>		≥ 1.50	mmol/L		Chemistry
<b>Magnesium</b>	≤ 1.0	≥ 5.1	mg/dL		Chemistry
<b>Malaria Stain</b>		Positive		Also call Infectious Disease staff physician	Hematology
<b>ME Panel</b>		Positive		Positive results are reported verbally	Microbiology
<b>Methotrexate</b>		≥ 5.00	umol/L		Chemistry
<b>Osmolality</b>	≤ 250	≥ 350	mOsm/kg	serum or plasma	Chemistry
<b>Phenobarbital</b>		≥ 40.1	ug/mL		Chemistry
<b>Phenytoin</b>		≥ 20.1	ug/mL		Chemistry
<b>Plasma Hemoglobin</b>		>70	mg/dL		Hematology
<b>Platelet count</b>	< 30		THOU/uL	Excluding bone marrow transplant patients	Hematology
<b>Platelet count</b>	>1,000,000		THOU/uL		Hematology
<b>Platelet dependent Antibody (HIT)</b>		Positive		Pathologist will call ordering physician	Hematology
<b>Potassium</b>	≤ 2.5	≥ 8.0	mmol/L	< or = 30 days old	Chemistry
<b>Potassium</b>	≤ 2.8	≥ 6.0	mmol/L	> 30 days old	Chemistry
<b>Salicylate</b>		≥ 50	mg/dL		Chemistry
<b>Sodium</b>	≤ 120	≥ 160	mmol/L		Chemistry
<b>Sweat Chloride</b>	≥30	mmol/L	All ages		Chemistry
<b>Tacrolimus (FK506)</b>		≥15.0	ng/mL		Chemistry
<b>Theophylline</b>		≥ 20.1	ug/mL		Chemistry
<b>Tobramycin</b>		> 2.1 Trough	ug/mL		Chemistry
<b>Tobramycin</b>		≥ 10.1 Peak, 2Hr, 8Hr, 16Hr or Random	ug/mL		Chemistry
<b>Total bilirubin</b>		≥ 15.0	mg/dL	< or = 30 days old	Chemistry
<b>Tricyclic screen</b>		≥ 700	ng/mL		Chemistry
<b>Troponin-I</b>		≥14.0	ng/L	Female ED and OBSU only	Chemistry
		≥ 35.0	ng/L	Male ED and OBSU only	
		≥ 300.0	ng/L	First time elevated result on inpatients and outpatients or ≥ 24 hours from previous specimen collection time	
<b>Urinalysis</b>		Positive ketones or glucose		< 30 days old	Hematology
<b>Urinalysis</b>		Unusually high ketones 50 to ≥ 150, Protein ≥ 500		> 30 days but < 6 months	Hematology
<b>Valproic acid</b>		≥ 101.0	ug/mL		Chemistry
<b>Vancomycin</b>		≥ 25.1 Trough	ug/mL		Chemistry
<b>Vancomycin</b>		≥ 60.0 Peak or Random	ug/mL		Chemistry

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White Cell/Nucleated Cell Count-CSF		>10 Nucleated cells without proportionate RBC increase (bloody specimen)	Leukocytes/ul	>29 days old	Hematology
White Cell/Nucleated Cell Count-CSF		>20 Nucleated cells without proportionate RBC increase (bloody specimen)	Leukocytes/ul	0 to 29 days old	Hematology
<b>Non-Critical, Verbally-Reported Results</b>					
AFB smear or culture		Positive		In addition, notify Infection Control Practitioner(s)	Microbiology
Any growth from sterile sites (except urine) that showed no bacteria in the gram stain					Microbiology
Any suspected organism that may be considered an agent of bioterrorism (Bacillus anthrax, Francisella, etc.)					Microbiology
Toxigenic C. difficile		Positive		Ruby inpatients only	Microbiology
Cryptococcal Antigen		Positive			Microbiology
Culture for Gonorrhea		Positive			Microbiology
E. coli Shiga Toxin		Positive			Microbiology
Enteric pathogen from stool culture		Positive			Microbiology
Giardia/Cryptosporidium screen		Positive			Microbiology
HSV1/HSV2, PCR, CSF, SWAB		Positive in CSF			Molecular
Infectious Disease Alerts to include: ESBL CRE Gram Negative meningitidis (CSF, blood, lung)		Recovered in culture		Ruby inpatients only (except N. meningitidis)	Microbiology
Legionella Urine Antigen		Positive		Ruby inpatients only	Microbiology
PKU		Abnormal		All abnormal results will be called	Reference lab
Ova and Parasite Test		Positive			Microbiology
RPR		Reactive			Microbiology
S. pneumoniae Urine Antigen		Positive		Ruby inpatients only	Microbiology
Sterility culture sent for internal QC/QA		Positive		May notify Technical Specialist if specimen is from the Laboratory.	Microbiology