

Mid Coast Hospital List of Critical values

CHEMISTRY				Lab Directions for Calling
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
Bilirubin , Direct	Neonate		> 1.0 mg/dL	Only critical if >1.0 mg/dl if total bili is <5 mg/dl. 20% of total bili >5.0 mg/dl
Bilirubin , Total	neonate		>15 mg/dL	
BUN			>80 mg/dl	No repeat call unless Δ greater than 50%
Calcium		<6.5 mg/dL	>14 mg/dl	
Creatinine			>5.0 mg/dl	No repeat call unless Δ greater than 50%
CPK			>500 IU/L	
CO2		<10 mEq/L	>45 mEq/L	
Glucose	Newborn/ Ped	< 30 mg/dL	>200 mg/dL	
Glucose	Adult	<45 mg/dL	> 450 mg/dL	
Magnesium		< 0.7 mg/dL	>4.8 mg/dL	
Phosphate		<1.0 mg/dL	> 9.0 mg/dL	
Potassium		<2.5 mEq/L	>6.0 mEq/L	
Sodium		<120 mEq/L	> 160 mEq/L	
Troponin			>0.03 ng/mL	Notification of subsequent critical value will occur if an increase from previous result
Lactate			>2.0 mmol/L	
BLOOD GASES				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
pH (arterial/venous)		<7.20	>7.60	New Value, No repeat calls for calls for critical value on same day
pO2 (arterial)		<40 mmHg		New Value, No repeat calls for calls for critical value on same day
pCO2 (arterial)		<20 mmHg	>70 mmHg	
Carboxyhemoglobin			>15 %	
THERAPEUTIC DRUGS				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY/ Δ CHANGE
			HIGH	
Acetaminophen			>150 µgmL	4 hours after ingestion
Digoxin			>2.4 ng/mL	
Lithium			>2.0 mmol/L	
Salicylic acid			>35 mg/dL	

Tegretol			>14 µg/mL	
Theophyline			>20 µg/mL	
Valproic Acid			>100µg/mL	
Dilantin			>30ug/ml	
COAGULATION				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
PT (INR)			INR > 5.0	If patient on Coumadin
PT (not on coumadin)			>30 sec	not on Coumadin
PTT			>110 sec.	If patient on Heparin
PTT			> 50 secs	If patient not on Heparin
Fibrinogen		<100 mg/dL	> 800 mg/dl	
D-Dimer			All elevated values	
HEMATOLOGY				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
Hemoglobin		<6.5 g/dL	>20 g/dL	New value. No repeat calls for critical values within 30 days unless previous value was normal and new result is critical
Hematocrit		<20%	>60%	New value. No repeat calls for critical values within 30 days unless previous value was normal and new result is critical
Platelet count		40,000/cu mm	1000,000/ cu mm	New value. No repeat calls for critical values within 30 days unless previous value was normal and new result is critical
WBC count		<1500/ cu mm	>40,000/ cu mm	New value. No repeat calls for critical values within 30 days unless previous value was normal and new result is critical
Malaria smear		Positive		(if initial Scan is requested)
CSF WBC			>10/ cu mm	
Blast on Smear			new	1st observation only
Blood Parasites			Any Present	
TRANSFUSION SERVICE				
Antibody Screen/ Cross match	Positive Antibody screen or incompatible crossmatch if this result has the potential for urgent transfusion e.g. emergency transfusion and surgery			

Transfusion reaction workup	Evidence of hemolytic transfusion reaction		
MICROBIOLOGY			

1. All positive Gram Stains on CSF
2. Positive cultures of CSF, Blood (new isolates only), and Sterile fluids.
3. Positive cultures on infants (0-12 months)
4. Group B strep found in women in labor
5. Listeria found in female urogenital cultures
6. Positive COVID-19 results. Reporting requirements may change frequently see current guidelines for instructions
7. Any positive Inpatient C. Diff, RSV or Flu result

ANATOMIC PATHOLOGY			
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The attending Pathologist will contact the Physician (or Physician's office) by telephone under the following circumstances:

Any diagnosis of malignancy in an uncommon location (e.g. hernia sac, tonsil, gallbladder for routine cholecystectomy

Any definitive diagnosis of a severe medical condition requiring immediate therapy.

Absence of chorionic villi when expected

Any significant discrepancy between frozen section and final diagnosis.

Any case labeled "Rush" or an urgent result is specifically requested.

***** All calls are documented in the final pathology report.**

REFERENCES:

Joint Commission 2012. Hospital Accreditation Standard NPSG. 02.03.01.
 American Journal of Clinical Pathology 2012, 137: 20-25
 American Journal of Clinical Pathology 2011, 135: 505-513
 American Journal of Clinical Pathology 2006: 125 758-764
 Journal of Pediatric Gastroenterology Nutrition, vol. 39, N02: 115-128