CRITICAL VALUES

CLINICAL LABORATORY TEST RESULTS

MercyOne Cedar Falls Medical Centers

Once a critical value has been determined, a licensed caregiver is notified within 10 minutes by the person performing the test.

LOW	TEST	HIGH
NONE	BUN	> 70.0 mg/dl*
NONE	CREATININE	> 4.0 mg/dl*
< 120 mEq/L	SODIUM, SERUM	> 155 mEq/L
< 3.0 mEq/L	POTASSIUM, serum	> 6.0 mEq/L
< 3.2 mEq/L	POTASSIUM, HDU	> 6.0 mEq/L
< 3.6 mEq/L	POTASSIUM, serum, newborn	> 8.0 mE
< 60 mg/dL	GLUCOSE, serum	> 500 mg/dL
< 50 mg/dL	GLUCOSE, serum, newborn	> 300 mg/dL
< 6 mg/dL	CALCIUM, serum	> 13 mg/dL
< 7.5 mg/dL	CALCIUM, HDU	> 12 mg/dL
< 11 mmoL/L	C02	> 40 mmoL/L
NONE	T. BILI	> 15.0 mg/dL
NONE	PROTHROMBIN TIME (INR)	> 4.0
NONE	APTT, screen	> 40 seconds
NONE	APTT, on heparin	> 90 seconds
< 100 mg/dL	FIBRINOGEN	NONE
< 50,000 cu mm	PLATELET COUNT	> 1,000,000 cu mm
< 1,500 cu mm	LEUKOCYTE COUNT (WBC)	> 30,000 cu mm
< 10.0 gm/dL	HEMOGLOBIN, newborn	NONE
< 7.0 gm/dL	HEMOGLOBIN, pre-surgical adult	NONE
< 7.0 gm/dL	HEMOGLOBIN, out-patients adult	NONE
< 7.0 gm/dL	HEMOGLOBIN, in-patients adult	NONE
< 1.0 mg/dL	PHOSPHORUS - HDU	NONE
NONE	LACTIC ACID	1 st result> 2.0 mmoL/L
None	TROPONIN I	Troponin I HS performed at Cedar Falls: Male 1_{st} result \geq 76.2 pg/ml Female 1^{st} result \geq 51.4 pg/ml and or a 20% increase from previous result.

*Non HDU patients CONFIRMED POSITIVE BLOOD CULTURES POSITIVE CSF GRAM STAIN OR CULTURE METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (Inpatients) VANCOMYCIN RESISTANT ENTEROCOCCUS CLOSTRIDIUM DIFFICILE TOXIN and/or PCR assay BORDETELLA PERTUSSIS MYCOBACTERIUM TUBERCULOSIS POSITIVE HIV ½ ANTIBODY POSITIVE RSV - AGE ≤ 3 MONTHS POSITIVE MALARIAL SMEAR POSITIVE CULTURE OF STERILE BODY FLIUDS

DRUG LEVELS RUN IN-HOUSE ABOVE THE THERAPEUTIC RANGE MUST BE CALLED.

THE FOLLOWING VALUES ARE CONSIDERED CRITICAL VALUES IN THE BLOOD BANK:

- Any "positive" on a transfusion reaction work-up.
- Positive DAT on a cord blood work-up.
- 3. Positive DAT on a recently transfused patient.
- 4. Emergency Release needing in-vivo cross match checks.
- 5. Any hemolysis or increase in DAT strength noted on an in-vivo check.

Technologists will use their own discretion in determining whether or not other abnormal values should be called. Verbally reported critical values require a verification "read-back" of the test result by the person receiving the test result.

Approved by:

10/06/2020 CRITICAL VAL SERVICE MANUAL

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