CRITICAL/ALERT RESULTS REPORTING AND STATS

CRITICAL VALUES:

(1) A critical value is, "A laboratory result that represents a pathophysiologic state at such a variance with normal as to be life-threatening unless some action is taken in a very short time and in which the state may not be readily detectable or highly suspected by the clinical physician." as defined by GD Lundberg in 1972. This value is used to inform caregivers of test results that suggest possible significant consequences to the patient.

(2) Laboratory Services has developed critical values for tests that are performed. These values were established by a combination of literature review, consultation with physician groups, and historically accepted and utilized values found useful in this hospital for our pediatric patients. They are reviewed annually and distributed to all medical staff members.

(3) When the result of a lab test is determined to be a critical value for the test, the result is immediately reported to the ordering physician, advanced practice nurse (APN), or physician's assistant (PA). If none of the aforementioned are available the results will be given to an immediate caregiver or designee, however a continued attempt to contact the physician, advanced practice nurse/nurse practitioner (APN/NP), or physician's assistant (PA) will ensue. Laboratory Services will give the physician, APN, or PA 15 minutes to return a call to the laboratory. If no return call is made, the laboratory will again attempt to reach the physician, advanced practice nurse/nurse practitioner (APN/NP), or physician's assistant (PA). After a total time of 25 minutes, the laboratory will notify the appropriate caregiver or designee.

If after two attempts the proper caregiver has not responded, a review of the critical value will ensue between Laboratory Services staff, the Pathologist on call and possibly the ED staff physician. Such a discussion may result in a decision to contact the patient's family directly and recommend that the patient be brought to the Emergency Department (ED) immediately. This incident will also be documented for follow-up and Quality Assessment tracking.

When critical or alert values are phone reported, the receiver will be asked to write down the reported patient identifiers and lab result(s) and then read this reported information back to the laboratory person providing the critical result. Documented "read-back" for verbal results is a requirement of our accrediting agencies. "Read-back" requirements include patient full name, date of birth or medical record number, and result.

(4) Critical values should not be confused with other test results that may be phoned because of an agreement with a physician practice or as a general customer service initiative.

(5) All requests for information regarding current Nationwide Children's Laboratory Services critical values should be directed to the Medical Director. Approval from the Medical Director is required for the release of reference range values not associated with direct patient care.

ALERT VALUES:

(1) Alert values are those values to be determined by the laboratory that are not "critical", but are far enough outside of normal ranges that a patient care provider should be notified. Outpatient alert values are called within 2 hours during the hours of 7:00 a.m. and 11:00 p.m. Alert values will not be called during the hours of 11:00 p.m. and 7:00 a.m.

Two attempts will be made to contact the physician/office via phone service or pager with an alert value. If after two attempts the physician/ office have not responded, then the on call pathologist will be contacted, so that a decision as to the importance of the alert value may be discussed. The Pathologist may decide to contact the ED staff and review the alert value, which may result in a decision to contact the patient's family directly and recommend that the patient be brought to the ED immediately. This incident will be documented for follow-up and Quality Assessment Tracking.