

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES  
POLICY AND PROCEDURE

SUBJECT: ALERT/CRITICAL/STAT LABORATORY RESULTS NOTIFICATION

NUMBER: NN-LB-03

Page 1 of 9

ORIGINAL DATE: 09/05/96

REVIEW/REVISE DATE: 06/24/99, 10/03/01, 10/07/04, 01/06/05, 4/16/09, 6/21/12

APPROVAL Cody Phinney, Agency Director

I. PURPOSE

To identify critical testing and the follow up that will be completed when Northern Nevada Adult Mental Health Services (NNAMHS) receives telephone call notification of alert/critical laboratory results from the contract lab. This applies to laboratory results for both NNAMHS inpatient and outpatient services.

II. POLICY

NNAMHS will promptly follow up on all alert/critical laboratory results.

III. REFERENCES

1. NNAMHS Policy and Procedure NN-LB-02 entitled Pathology/Medical Laboratory Services
2. Contract with outside laboratories, policy and procedure for Alert/Critical Laboratory values

#### IV. PROCEDURE

Tests ordered STAT will be reported as follows:

- a. Not all Lab tests can be ordered STAT See Appendix III for a list of Lab tests that can be ordered stat.
  - b. Results of testing performed in the NNAMHS laboratory (limited), will be reported within 2 hours of when the consumer is brought to the laboratory so the specimen can be collected or when the specimen is delivered to the laboratory.
  - c. Results of testing performed at the contract laboratory will be reported to NNAMHS within 6 hours of when the specimen was drawn or picked up by contract laboratory personnel.
2. Alert/critical laboratory results of both inpatients and outpatients that are received by telephone to NNAMHS will receive follow up, twenty-four hours a day, seven days a week.
    - a. All stat lab results received by telephone must be READ BACK and confirmed with the person calling in the result. These results will also be faxed from the contracted laboratory.
    - b. The prescriber must read back and confirm test results to the caller for any critical test results. If the contract laboratory does not offer to fax the results NNAMHS staff will request the results.
    - c. Critical results will be reported to the ordering physician, officer of the day, or their designee within 15 minutes after they are available.
  3. Contract laboratories of NNAMHS are provided with the parameters of alert/critical laboratory results as per written contract. The contract laboratory will notify NNAMHS staff immediately of lab results that meet these criteria.

4. Alert/critical results called to NNAMHS during the workday, when the NNAMHS laboratory technologist is on grounds:
  - a. The NNAMHS switchboard will connect the contract laboratory with the medical technologist.
  - b. The medical technologist will receive the alert/critical results and will promptly notify the ordering physician, or if unavailable, the officer of the day. If the ordering physician is unavailable before the officer of the day is on duty, the medical technologist will notify the nursing supervisor or his/her designee. The nursing supervisor will see that an available physician is contacted.
5. Alert/critical results called to NNAMHS during the workday, when the NNAMHS laboratory technologist is not on grounds:
  - a. The NNAMHS switchboard will connect the contract laboratory with the Psychiatric Observation Unit (POU) Registered Nurse or if unavailable the Nursing Shift Supervisor.
  - b. The Registered Nurse will receive the alert/critical results and will promptly notify the ordering physician, or if unavailable, the officer of the day.
  - c. For outpatient results, the registered nurse will also notify:
    - (i) The outpatient-nursing supervisor or his/her designee.
6. Alert/critical results called to NNAMHS during the non-work day, (i.e.: outside of normal laboratory hours, on weekends, on holidays) when the NNAMHS Laboratory Technologist is not on Grounds:
  - a. The NNAMHS employee who answers the telephone will connect the contract laboratory with the POU Registered Nurse or if unavailable the nursing shift supervisor.
  - b. The Registered Nurse will receive the alert/critical results and will promptly notify the officer of the day. The officer of the day will give the nurse orders on how to proceed. For inpatients, the physician will be transferred to the appropriate nurse on the unit. For outpatients the physician will advise the

nurse if the consumer needs to be contacted immediately or if the contact can wait until the next working day.

- c. If the on officer of the day feels the outpatient needs to be contacted, the following will occur:
  - (i) The Nursing Supervisor will be notified.
  - (ii) Check the electronic medical record for a consumer's telephone number
  - (iii) Attempt to notify the outpatient and give the consumer the instructions for follow up care that the officer of the day stated should be given to the outpatient.
  - (iv) If the outpatient cannot be reached, call the on call service coordinator, if the consumer is open to Service Coordination. A message must also be left on outpatient nursing line (688-2172) so they can attempt to follow up on the next business day.

If the officer of the day feels the outpatient may be in danger, a police safety check can be requested.

- d. Arrangements for follow up care as ordered by the NNAMHS physician:
  - (i) The registered nurse is responsible for arranging follow up care for inpatients; the nursing shift supervisor will follow up with the registered nurse.
  - (ii) The Service Coordinator or the Outpatient Medication Clinic nurse is responsible for arranging follow up care for outpatients.

## 8. Critical Lab Values:

- A. The values in Appendix I have been identified by LabCorp as critical values.
- B. The values listed in Appendix II have been identified by the NNAMHS medical Staff as constituting a threat to the health and safety of our consumers. Values within these ranges will result in urgent calls to the appropriate physician.

Physician orders responding to these values are to be obtained within 60 minutes of the organization receiving the value.

9. If the attending physician feels the consumer's condition must be addressed more quickly than these time frames allow inpatients will be COBRA'd to the appropriate facility. Remsa (9-1-1) will be called to transport.
  
10. The Joint Commission requires organizations to identify any lab tests that will be considered critical in all instances. NNAMHS has reviewed all tests and determined that we have no specific lab tests that are considered critical in all instances. STAT testing will be ordered by physicians as required.

Appendix I

Critical Values

Test	Reference Range	Default low (<)	Default high (>)
Bilirubin, T	0.1-1.2 mg/dL		15 mg/dL
Calcium	8.5-10.6mg/dL	7 mg/dL	13 mg/dL
Creatine kinase,MB	M: 0-5 ng/mL		7.1 ng/mL
	F: 0-2.9 ng/mL		7.1 ng/mL
Glucose	65-99 mg/dL	40 mg/dL	500mg/dL
Potassium	3.5-5.2 mmol/L	2.5 mmol/L	6.5 mmol/L
Sodium	135-145 mmol/L	120 mmol/L	160 mmol/L
Hematocrit	M: 36-50 %	18 %	64.5 %
	F: 34-44 %		
Hemoglobin	M: 12.5-17 g/dL	6 g/dL	21.5g/dL
	F: 11.5-15 g/dL		
INR	0.8-1.2		6
Platelets	140-415 X 10E3/uL	30 X 10E3/uL	1000 X 10E3/uL
WBC	4-10.5 x 10E3/uL	1.0 X 10E3/uL	50 X 10E3/uL
Neutrophils absolute	1.8-7.8 X 10E3/uL	0.4 X 10E3/uL	
Carbamazepine	4-12 ug/mL		20 ug/mL
Lithium	0.6-1.4 mmol/L		2.0 mmol/L
Phenobarbital	15-40 ug/mL		60 ug/mL
Phenytoin	10-20 ug/mL		40 ug/mL
Valproic acid	50-120 ug/mL		200ug/mL
ALT	0-40 IU/L		800 IU/L
AST	IU/L		800 IU/L
Amylase	0-99 U/L		1000 U/L
Creatine	0.5-1.5 mg/dL		15.0 mg/dL
BUN	5-26 mg/dL	2 mg/dL	75 mg/dL
Ammonia	19-102 ug/dL		150 ug/dL

1. Any positive Gram stain or culture from a blood culture.
2. A definitive identification of any culture isolate considered potentially life-threatening or designated as a selective agent.

Appendix II

WBC	<= 1000 or >= 30,000 uL
Hemoglobin	<= 6.0 g/dL
Hematocrit	<18.0 %
Platlets	<=10,000 uL
Potassium	<= 2.0 or >= 6.5 mmol/L
Sodium	<= 118 or >= 160 mmol/L
Glucose	<= 40 or >= 500 mg/dL
ALT	>= 800 IU/L
AST	>= 800 IU/L
Amylase	>= 1000 units/L
INR	>= 4.0
Creatinine	>= 6.0 mg/dL
BUN	>= 80mg/dL
Ammonia	>= 150 ug/dL

### Appendix III

#### LabCorp services that can be ordered STAT

1. STAT blood collection or specimen pick-up. Call 334-3400. Select the 0 option. If the person that answers tells you "You don't have that service." Ask to speak to their supervisor. YOU DO HAVE THAT SERVICE 24/7. If there is still a problem, call Gayle Petersen at 775-843-4295/775-827-6051 or Pam Pearce at 775-772-8656.
  - a. Other after hours numbers are:
    - i. Phlebotomy: 775-813-8251 PST on call
    - ii. Distribution Night/Weekend: 775-690-9645 Distribution Night
    - iii. Distribution Day Weekend : 775-690-9330 Day Distribution
2. Acetaminophen
3. Ammonia
4. Amylase
5. BMP (Basic Metabolic Panel)
6. BUN
7. Carbamazepine
8. C. difficile Toxins (not a culture)
9. CBC
10. CK (CPK)
11. CK-MB
12. CMP (Comprehensive Metabolic Panel)
13. Creatinine
14. Digoxin
15. Glucose
16. HCG (quantitative) serum or urine
17. Hepatitis Panel (if part of a blood borne pathogen exposure)
18. HIV (if part of a blood borne pathogen exposure)

19. LD (LDH)
20. Lithium
21. PT (prothrombin time/INR)
22. PTT (Partial Thromboplastin time)
23. Phenobarbital
24. Phenytoin (Dilantin)
25. Salicylates
26. Troponin I
27. Urinalysis
28. Urine Drug Screen (733607)
29. Valproic acid level
30. Vancomycin