

OHIOHEALTH LABORATORY SERVICES
INPATIENT, ED AND OTHER HOSPITAL BASED PATIENT
CRITICAL VALUE NOTIFICATION LIST

4/10/2019

Test	Critical Low	Critical High	Alerting Category	Notification Rule
CHEMISTRY				
Amylase Emergency Dept only		> 400 U/L	First instance	Within 1 Hr
Amylase, Pancreatic Emergency Dept only		>300 U/L	First instance	Within 1 Hr
Bicarb (Carbon Dioxide)	<10 mmol/L	> 40 mmol/L	Always	Within 1 Hr
Bilirubin, Total Neonatal ≤ 30 days		> 18.0 mg/dL	Always	Within 1 hour
BUN (Urea Nitrogen) Non-dialysis patient		>100 mg/dL	First instance	Within 1 Hr
Calcium, Ionized	< 3.0 mg/dL	> 6.5 mg/dL	Always	Within 1 Hr
Calcium, Total	< 6.0 mg/dL	> 13.5 mg/dL	Always	Within 1 Hr
Carbon monoxide		>10%	First instance	Within 1 Hr
Creatinine		>9.0 mg/dL	First instance	Within 1 Hr
Glucose, 0 – 2 days > 2 days	< 25 mg/dL < 40 mg/dL	> 145 mg/dL > 400 mg/dL	Always	Within 1 Hr
Lactic Acid		> 4 mmol/L	Always	Within 1 Hr
Lipase Emergency Dept only		> 200 U/L	First instance	Within 1 Hr
Magnesium Maternity Non-maternity	≤ 1.0 mg/dL	> 7.0 mg/dL > 4.0 mg/dL	Always	Within 1 Hr
pH, Blood Arterial and Venous Cord Blood	< 7.2 < 7.0	> 7.6	Always	Within 1 Hr
Phosphorus	< 1.0 mg/dL		Always	Within 1 Hr
pO ₂ Arterial	< 45 mmHg		Always	Within 1 Hr
Potassium 0 – 31 days > 31 days	< 2.8 mmol/L < 2.8 mmol/L	> 6.5 mmol/L > 6.0 mmol/L	Always	Within 1 Hr
Sodium	< 120 mmol/L	> 160 mmol/L	Always	Within 1 Hr
Troponin T		> 14 ng/L Females > 22 ng/L Males -Delta >7.0 ng/L if the initial troponin is ≤ 35 ng/L -Delta ≥20% if the initial troponin >35 ng/mL	First instance	Within 1 Hr

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Troponin I		>45 ng/L -Delta ≥8 ng/mL if the initial troponin ≤45 ng/mL -Delta ≥20% if the initial troponin > 45 ng/L	First instance	Within 1 Hr
TOXICOLOGY				
Acetaminophen,		> 50 mcg/mL	Always	Within 1 Hr
Amikacin Peak/Post-Dose,		> 30 mcg/mL	Always	Within 1 Hr
Amikacin, Trough/Pre-Dose		> 8 mcg/mL	Always	Within 1 Hr
Carbamazepine, Total		> 12.0 mcg/mL	Always	Within 1 Hr
Desipramine		> 300 mcg/mL	Always	Within 1 Hr
Desipramine and Imipramine		> 300 mcg/mL	Always	Within 1 Hr
Digoxin		> 2.5 ng/mL	Always	Within 1 Hr
Disopyramide		> 7.0 mcg/mL	Always	Within 1 Hr
Ethyl Alcohol		> 400mg/dL (> 0.4 g/dL)	First instance	Within 1 Hr
Ethylene Glycol		> 0.1 g/L	First instance	Within 1 Hr
Gentamicin Peak/Post-Dose		> 12.0 mcg/mL	Always	Within 1 Hr
Gentamicin Trough/Pre-Dose		> 2.0 mcg/mL	Always	Within 1 Hr
Lidocaine		> 6.0 mcg/mL	Always	Within 1 Hr
Lithium		> 1.5 mmol/L	First instance	Within 1 Hr
Methotrexate		Call all	Always	Call all
Nortriptyline		> 300 mcg/mL	Always	Within 1 Hr
Nortriptyline & Amitriptyline		> 300 mcg/mL	Always	Within 1 Hr
Phenobarbital		> 40 mcg/mL	Always	Within 1 Hr
Phenytoin, Free		> 2.0 mcg/mL	Always	Within 1 Hr
Phenytoin, Total Neonate (<30 days) Children and adults		> 15 mcg/mL > 25 mcg/mL	Always	Within 1 Hr
Primidone		> 15.0 mcg/mL	Always	Within 1 Hr
Procainamide		> 10.0mcg/mL	Always	Within 1 Hr
Procainamide /NAPA		> 40.0 mcg/mL	Always	Within 1 Hr
Quinidine		> 7.0 mcg/mL	Always	Within 1 Hr
Salicylate,		> 30 mg/dL	First instance	Within 1 Hr
Theophylline 0-4 Months > 4 Months		> 16 mcg/mL > 20 mcg/mL	Always	Within 1 Hr
Tobramycin, Peak/Post-Dose		> 12.0 mcg/mL	Always	Within 1 Hr
Tobramycin, Trough/Pre-Dose		> 2.0 mcg/mL	Always	Within 1 Hr
Valproic Acid		> 130 mcg/mL	Always	Within 1 Hr

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Vancomycin Peak/Post-Dose		> 40.0 mcg/mL	Always	Within 1 Hr
Vancomycin Trough/Pre-Dose		> 20.0 mcg/mL	Always	Within 1 Hr
Volatile Screen, Blood Acetone Ethyl Alcohol Isopropanol Methanol		> 0.1 g/dL > 0.4 g/dL > 0.1 g/dL > 0.1 g/dL	First instance	Within 1 Hr

HEMATOLOGY				
Activated Partial Thromboplastin Time (APTT)		> 130 seconds	Always	Within 1 Hr
Cerebrospinal Fluid (CSF) Cell Count		> 10 Cells/mL Mononuclear WBC/Nuc	Always	Within 1 Hr
Factor Assays	< 5%		Always	Within 1 Hr
Fetal Fibronectin (fFN)		Call all	Always	Call all
Fetal Hemoglobin (Kleihauer-Betke)		Positive test for fetal-maternal hemorrhage with an estimated bleed volume \geq 50 mL (notify neonatologist and obstetrician).	Always	Within 1 Hr
Fibrinogen	< 100 mg/dL		Always	Within 1 Hr
Hemoglobin (Hgb) Neonates (<30 days) Delta change from Previous result	< 8.0 g/dL Neonate <30 days	> 25.0 g/dL > 5.0 g/dL drop	Always	Within 1 Hr
Hemoglobin (Hgb) ED/IP and Hospital Based Outpatients Delta change from Previous result	< 7.0 g/dL	> 20.0 g/dL > 5.0 g/dL drop	Always	Within 1 Hr
Lamellar Bodies		Call all	Always	Within 1 Hr
Manual Differential Requiring Pathology Review		Clinically significant abnormalities Requiring timely intervention Blasts or malignant cells	First instance	Within 8 Hrs

Test	Critical Result	Alerting Category	Notification Rule	Test
Microorganisms		All positives including any blood parasite	First instance	Within 1 Hr
Platelet Count Neonate (<30 day)	< 50 K/mcL	> 1,000 K/mcL	First instance	Within 1 Hr
Platelet Count	< 50 K/mcL	> 1,000 K/mcL	First instance	Within 1 Hr
Protime (PT) INR		> 5.0	Always	Within 1 Hr
WBC (White Blood Cell Count) Neonate (<30 days)	< 2.0 K/mcL	> 50.0 K/mcL	First instance	Within 1 Hr
WBC (White Blood Cell Count)	< 1.2 K/mcL	> 35.0 K/mcL	First instance	Within 1 Hr

SEROLOGY AND SPECIAL TESTING				
Lead		≥ 20 mcg/dL	First instance	Within 1 Hr
		≥ 10 mcg/dL	First instance	Within 8 Hrs
Hepatitis A Antibody, IgM		All positives	First instance	Within 8 Hrs
Hepatitis B Core IgM Antibody		All positives	First instance	Within 8 Hrs
Hepatitis B Surface Antigen (HBsAg)		All positives	First instance	Within 8 Hrs
HIV-1/2 Exposure Screen On Source: Positive HIV-1/2 HBsAG, and HCV		ALL associate exposures called by laboratory technologist	Always	Within 1 Hr
Rapid HIV, Hep B Ag, and HCV on Source				
Herpes Simplex Virus (HSV) IgM, Antibodies		All positives (neonates, <30 days)	First instance	Within 1 Hr
Toxoplasma gondii Antibody, IgM		All positives	First instance	Within 8 Hrs

Test	Critical Result	Alerting Category	Notification Rule (From detection)
MICROBIOLOGY			
Antigen test for: <ul style="list-style-type: none"> • Pneumocystis • Cryptococcus • Streptococcus pneumoniae • Legionella 	Positive	Always	Within 1 hour
Blood Culture	For 1 st time positives: Perform and report BCID and Gram stain result at the same time	Always	Within 1 hour
Blood Culture	Identification of an ESBL, MDRAB, VRSA and VISA only	Always	Within 1 hour
Molecular test or Culture of Internal Sterile Sites or Eyes, where Gram stain was NOS	Positive for bacterial, fungal, mycobacterial or viral agents	Always	Within 1 hour
MEID Panel results	All positives	Always	Within 1 hour
Gram Stains ordered STAT from OR	All results (positive and negative) for all patients	Always	Within 1 hour
Gram stains from sterile body fluids	All positives	Always	Within 1 hour
Procalcitonin	>10 ng/mL	Always	Within 1 hour
Sexually transmitted infections <ul style="list-style-type: none"> • Neisseria gonorrhoeae • Chlamydia trachomatis 	Positive for patients <13 years from any site. Labor and Delivery	Always	Within 1 hour
Recovery of these isolates ANY source	Identification of CRE, MDRAB, VRSA and VISA Cryptococcus species Dimorphic fungi Francisella species Clostridium perfringens Bordetella pertussis Vibrio cholerae E. coli O157 Viruses from newborns up to 60 days old from any location Inpatients only: Norovirus, Astrovirus, Sapovirus	First time recovery	Within 1 hour

Anatomic Pathology Critical Notification Results

Applies to ALL categories (time frame depends on diagnosis and clinical status). See Anatomic Pathology policy.

Diagnoses or findings that, in the pathologist's opinion, indicate a life threatening condition requiring immediate therapeutic intervention (i.e., vasculitis, tissue invasive infectious agents, organ transplant rejection.)

Unexpected diagnosis of malignancy or significant unexpected pathology at the discretion of the pathologist. (Adenocarcinoma in an incidental appendectomy, etc.)

Revised report for diagnostic change.

Discrepancy between frozen section and permanent section.

Transfusion Services Critical Notification Results

The following Transfusion Service laboratory results in the context of certain clinical situations are considered "critical" and must be immediately called to the patient's RN and the Transfusion Services Medical Director, or Pathologist on-call.

- A positive Direct Antiglobulin Test (DAT) on a post-transfusion reaction specimen when the DAT on the pre-transfusion reaction specimen is negative or not as strong as the DAT on the post-transfusion reaction specimen.
- A positive crossmatch with the post-transfusion reaction specimen.
- Hemolysis in the initial and redrawn post-transfusion reaction specimens.
- A positive antibody screen in a patient who received emergency-issued uncrossmatched RBC's prior to the detection of an antibody(s).
- Incompatible crossmatch on a unit released as "emergency issue" in an emergent situation.
- Positive gram stain of the residual component involved in a transfusion reaction.
- RBC's issued or transfused, and evidence of a possible mistyping discovered (e.g., ABO/Rh discrepancy on new specimen, evidence of wrong-blood-in-tube).
- Market withdrawal of a blood component because the co-component caused a potentially life-threatening reactions (eg.septic, transfusion related acute lung injury [TRALI]) in another patient, or was found to have a positive bacterial culture.
- Transfusion Reaction evaluation suggestive of an acute hemolytic transfusion reaction, bacterial contamination, TRALI, or other serious adverse event.