The University of Chicago Medical Center Laboratories

Policy and Procedures for Critical Value Reporting

DEFINITION
Critical values are defined as laboratory results that may require rapid clinical attention to avert significant patient morbidity or mortality and therefore must be called immediately to a responsible physician/licensed ordering specified professional/registered nurse for action.

POLICY
The critical value; the physician, licensed ordering specified professional, or R.N. to whom the report is given; the time of report; and any other relevant comments become part of the patient's permanent record.

Refer to the “Laboratory Critical Value List” document for the list of tests and values requiring communication as per this policy. These analytes, critical values and the reporting procedure have been approved by the UCMC Medical Staff Organization.

All critical values should be successfully reported to a responsible physician or registered nurse within 30 minutes of the time the value is known in the laboratory. In all cases delayed beyond 30 minutes, the cause for the delay should be documented.

PROCEDURE FOR UCMC INPATIENTS

The laboratory will page the patient’s designated First Contact Provider (FCP) who is a physician, APN or other authorized provider or licensed independent practitioner who serves as the primary contact for a hospitalized patient. If the FCP is unavailable, the laboratory will call the patient's unit, and ask for an R.N. responsible for that patient.

The laboratory may report a critical value ONLY to the FCP, to the licensed ordering UCMC specified professional, or to a physician or registered nurse responsible for care of the patient. The laboratory will ask for a verification read-back of the critical value. The physician, specified professional, or nurse receiving the information will record the information (in the medical record if feasible) and will read back the information to the laboratory for verification.

PROCEDURE FOR UCMC OUTPATIENTS

The laboratory will first call or page the ordering physician or licensed ordering UCMC specified professional in the clinic. If he/she is unavailable, the laboratory will contact the R.N. in the clinic during clinic hours. The nurse is responsible for contacting the back-up physician who is designated by each clinic service to receive reports of critical values. If no contact can be made, the report will then go to the on-call physician. If no contact can be made, the report will then go to the Ambulatory Operations Director.

The laboratory will ask for a verification read-back of the critical value. The physician, specified professional, or nurse receiving the information will record the information (in the medical record if feasible) and will read back the information to the laboratory for verification.
PROCEDURE FOR UC MEDLABS CLIENTS
The laboratory will contact the client location and ask to speak to a responsible caregiver (physician, nurse, or laboratory staff) authorized to receive critical value reports for the client location. If an answering or paging service answers the phone, leave a message for the physician/nurse/laboratory staff to contact the laboratory technologist immediately at the testing laboratory’s telephone number to report a laboratory critical value.

The laboratory will ask for a verification read-back of the critical value. The physician, specified professional, or nurse receiving the information will record the information (in the medical record if feasible) and will read back the information to the laboratory for verification.

PROCEDURE FOR AMENDED REPORTS
Amended reports are treated as critical values and are called to the responsible physician or nurse and documented in the same way.