CHEMISTRY CRITICAL VALUES

		POSSIBLE		POSSIBLE EFFECT
TEST	LOW	EFFECT	HIGH	
24 hour Urine Protein for O.B.			>300mg/24hr	Pre-eclampsia
Bicarbonate (Serum)	<10 MEG/L	Complex interwoven pattern of acidosis, alkalosis and anoxemia	>40 MEG/L	Complex interwoven pattern of acidosis, alkalosis and anoxemia
Bilirubin, Neonatal			≥ 15 mg/dl	
Calcium	<6 mg/dL	Tetany and convulsions	>14 mg/dL Newborn (0-3 mos.) >12 mg/dL	Coma
Ionized Calcium	<0.75 mmol/L		>1.57 mmol/L	
Glucose	<40 mg/dL (0-3 months) <54 mg/dL	Brain damage	>200 mg/dL Newborn (0-3 mos.) >500 mg/dL	Diabetic coma
Magnesium	<1 mg/dL	Tetany	>5 mg/dL	Increase in atrioventricular conduction
Phosphorus	<1.0 mg/dl	Coma	> 9.0 mg/dl	Tetany and convulsions
Potassium	<2.5 mEq/L	Muscle weakness, paralysis, cardiac arrhythmia's	>6.5 mEq/L Newborn (0-3 mos.) >7 mEq/L	Cardiotoxicity with arrhythmia's
Sodium	<120 mEq/L	Dehydration and vascular collapse	>160 mEq/L	Edema, hypervolemia, heart failure
pH (arterial capillary)	<7.2	Severe acidosis, life threatening	>7.6	Severe alkalosis, life threatening
p02 (arterial or capillary)	<40 mmHg	Complex interwoven pattern of acidosis, alkalosis, and anoxemia		, and the second
PCO2 (arterial or capillary)	<20 mmHg Newborn (0-3 mos.) <30 mmHg	Complex interwoven pattern of acidosis, alkalosis, and anoxemia	>70 mmHg	Complex interwoven pattern of acidosis, alkalosis, and anoxemia
Qualitative HCG on Trauma Patients			Positive Borderline	
Vitamin D			>150 ng/ml	
Lactic Acid			>= 4.0 ,mmol.L	
Troponin T			>50 ng/L	If none within the last 72 hrs

THERAPEUTIC DRUG CRITICAL LEVELS

		POSSIBLE		POSSIBLE
TEST	LOW	EFFECT	HIGH	EFFECT
Carbamezapine			>20 ug/mL	
Digoxin			>3.0 ng/mL	Gastrointestinal and
				CNS symptoms,
				disturbance of
				cardiac rhythm
Dilantin (Phenytoin)			>40 ug/mL	
Gentamicin trough			>2 ug/mL	Hypoventilation,
				ototoxicity,
				nephrotoxicity
Lithium			>2.0 mmol/L	
Phenobarbital			>50 ug/mL	nausea, vomiting,
			_	diplopia, dizziness,
				ataxia, lethargy,
				coma
Theophylline			>24 ug/mL (>31 days)	Nausea, insomnia,
			>15 ug/mL (0-31 days)	nervousness,
				headaches,
				arrhythmia's, seizures
Valproic Acid			>150 ug/mL	
Vancomycin trough		<u>-</u>	>35 ug/mL	
Vancomycin peak		·	>50 ug/mL	

TOXICOLOGY DRUG CRITICAL LEVELS

		POSSIBLE		POSSIBLE
	LOW	EFFECT	HIGH	EFFECT
Acetaminophen			>150 ug/mL	(potentially toxic if >12 hours since ingestion)
Alcohol			>400 mg/dL	
Salicylate			>30 mg/dL	

HEMATOLOGY CRITICAL LEVELS

TEST	LOW	POSSIBLE EFFECT	HIGH	POSSIBLE EFFECT
Hemoglobin	≤ 6 gm ≤8 (0-31 days old)	Heart failure and anoxemia	≥ 20.0 $\geq 24 (0-31 \text{ days old})$	
Hematocrit	≤18 ≤25 (0-31 days old)		≥70 (0-31 days old)	
Platelet Count	≤ 20,000	Hemorrhage	≥ 1,000,000	Hemorrhage, thrombosis
INR			≥ 5.0 INR	Hemorrhage
PFA			ADP > 300	Hemorrhage

OTHER SIGNIFICANT RESULTS

TEST	ACTION TAKEN
HIV from Source of Body/Blood fluid exposure	All are called to Deaconess Hospital Comp Center for DH/GWH exposures or to the phone number provided ASAP after screen results are obtained.
Hepatitis A Antibody	Positives are faxed to ordering physician and called to Infection Control (3449) on day shift Monday – Friday or to Vanderburgh County Health Department.
Hepatitis B Surface Antigen	Positives are faxed to the ordering physician Monday – Friday and are reported to Indiana State Department of Health (ISDH) weekly.
Hepatitis C Antibody	Positives are faxed to the ordering physician Monday – Friday and are reported to Indiana State Department of Health (ISDH) weekly.
HIV	Confirmed positives are faxed to ordering physician Monday – Friday and are reported to Indiana State Department of Health (ISDH) weekly.
BHCG (ER Trauma only)	Positives are called immediately to ER nurse.
WBC – (ED or OP once every 90 days)	Values ≤0.5 are called immediately to the ordering physician.
Absolute Neutrophil Counts (Evansville State	Values ≤ 1.0 are called immediately to the State Hospital
Hospital)	Laboratory personnel.

Updated:12/2021

CRITICAL AND SIGNIFICANT RESULTS IN MICROBIOLOGY

The following **positive** cultures, stains or serological results are <u>called</u> to the physician <u>OR</u> to the unit where the patient is assigned. INPATIENTS: results are given to nurse caring for patient. They will notify physician. OUTPATIENT: results are given to office staff, nurse preferred. Critical values are called within 15 minutes of test result being known. Significant results are called within an hour of result.

Critical Value - Call within 15 minutes of result		
TEST	RESULT CALLED	
Blood Culture	Bacteria or yeast seen on stain, positive rapid coagulase.	
Blood Parasite Smear	First positive smear with % parasitemia.	
CSF	Bacteria or yeast present in stain, growth in culture and sensitivity.	

Significant Result – Call within 1 hour of result		
TEST	RESULT CALLED	
AFB	Positive results	
Bordetella pertussis	Positive culture, DFA, PCR	
Candida auris	Recovery	
Clostridium difficile toxins A & B	First positive test	
Cryptococcal antigen	Positive Cryptococcal Antigen (CSF or serum)	
Dimorphic fungus	Recovery of dimorphic fungus isolated from any culture	
E. coli O157H7	Positive E. coli O157H7 from stool from a negative sxt1/stx2 reported sample	
Eye Culture	Positive culture if aspirate/scraping	
Fungal exam	Positive fungal direct exam on sterile body sites	
Fungal culture	Positive fungal culture on sterile body site from negative direct exam	
Herpes Simplex	Positive culture from eye, sterile body site, tissue or any site for neonate/newborn	
Joint Fluid	Positive gram stain	
Legionella Urinary Antigen	Positive	
M/E panel	Positive test result on the Biofire M/E panel	
Multi Drug Resistant Organism	KPC, VISA, VRSA, Acinetobacter, Burkholderia and others considered MDRO (first isolate)	
Mycobacterium tuberculosis	Recovery of Mycobacterium tuberculosis from a negative reported smear or negative GeneXpert and detection of Mycobacterium tuberculosis by GeneXpert	
Neisseria meningitidis	Blood, sterile body site stain and/or culture	
Pseudomonoas species	Recovery of Pseudomonas species from eye cultures	
Select agent	Recovery of select agent isolated from any culture*	
Shiga Toxin	Positive Shiga toxin stx1/stx2 from stool	
Sterile body sites	Stain or positive culture	
Streptococcus pneumoniae urinary antigen	Positive	
Streptococcus pheumomae urmary antigen	Toshive	