

## CRITICAL AND SIGNIFICANT ABNORMAL RESULTS

### NOTIFICATION – GVH PATHOLOGY

GV-SOP-GLP-001

Version 3, Issued 02 November 2017

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Prepared by: C. Carolan

Approved by: Que Lam, Wai Khoon Ho, Marcel Leroi

#### APPENDIX 1, BIOCHEMISTRY CRITICAL VALUES

TEST	UNITS	CRITICAL LIMITS BELOW	CRITICAL LIMITS UPPER	COMMENTS
<b>Blood Gases</b>				
pH		< 7.10		All Gas samples
pCO2	mmHg	< 20	> 75	Arterial samples only
pO2	mmHg	< 40		Arterial samples only
HCO3	mmol/L	< 11		Arterial samples only
BE	mmol/L	< -10		All Gas samples
Ionised Calcium	mmol/L	< 0.8	> 1.54	
Neonatal Bilirubin	umol/L	All values	All values	
Paediatric Glucose	mmol/L	All values	All values	
CSF Protein/glucose				Phone all results
Total calcium	mmol/L	< 1.63	> 3.00	
Bicarbonate	mmol/L	< 11		
CRP	mg/L		>200	Initial high value or if continuing to rise
Glucose	mmol/L	< 2.5	> 20.0	
Magnesium	mmol/L	< 0.50	> 2.45	
Phosphorus	mmol/L	< 0.36		
Potassium	mmol/L	< 2.8	> 6.0	
Sodium	mmol/L	< 128	> 150	
Serum Osmolality	mOsmol/kg	< 250	> 335	
Paracetamol		All values	All values	
Salicylate		All values	All values	
Ammonia	umol/L		>50	
Lipase	U/L		>180	
Amylase	U/L		>300	
Troponin	ng/L		All values >50	This is for the first high troponin result, follow-up high values need not be phoned
Drug monitoring		Any below	Any Above	Any drug level that falls outside the reference range should be communicated to the requesting doctor.
Tests where IT3000 has identified a delta check and there has been a significant change				These patients should be discussed with the most senior member of the Biochemistry Staff to ensure the results are valid before reporting.

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### APPENDIX 2, HAEMATOLOGY CRITICAL VALUES

ANALYTE	CRITICAL LIMITS		UNITS	COMMENTS
	LOWER	UPPER		
<b>First presentation</b>				
Haemoglobin	<80	>200	g/L	Check for clots with stick
White Cell Count	<1.0	>30	/nL	Check instrument flags
Neutrophil Count	0.8	30	/nL	Check instrument flags
Platelet Count	<50	>800	/nL	Check for clots with stick. Check for instrument flags. Review film
<b>Subsequent presentation</b>				
Platelet count	<10	N/A	/nL	
Haemoglobin	Unexplained fall of >20	N/A	g/L	
<b>No evidence of Anticoagulation or Liver Disease</b>				
APTT	N/A	>45	secs	
INR	N/A	>1.5	Ratio	
<b>Patient receiving anticoagulants - Shepparton</b>				
APTT	N/A	>110	secs	
INR	N/A	>4.0	Ratio	
<b>Patient receiving anticoagulants - Echuca</b>				
APTT	N/A	>75	secs	
INR	N/A	>4.0	Ratio	
<b>All</b>				
D-Dimer	N/A	>1.4	mg/L	
Fibrinogen	<0.8	N/A	g/L	
<b>Other Tests</b>				
G6PD*	Deficient			
Malaria Antigen* +/- film	Positive			
Snake venom detection	Positive			
Kleihauer	Positive	>3mL		

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<b>Blood Bank</b>
Discrepancy in blood grouping from previous result
Any significant delay in the provision of blood products, including red cell incompatibility due to atypical antibodies
Presence of an atypical antibody that may cause HDN in a pregnant woman where the result is unexpected
Increase in titre* of two tubes in clinically significant antibody
Positive DAT in a baby, or Positive DAT in an adult where the result is unexpected

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### APPENDIX 3, MICROBIOLOGY CRITICAL VALUES

RESULTS	CRITICAL/URGENT CRITERIA	COMMENTS
<p>Critical results require notification to the appropriate clinician as described in section 5. Some also require notification to Infection Control.</p> <p>Public health Notifiable infections should be notified to the Department of Health, refer to <a href="https://www2.health.vic.gov.au/public-health/infectious-diseases/notify-condition-now">https://www2.health.vic.gov.au/public-health/infectious-diseases/notify-condition-now</a></p> <p>The duty Microbiology scientist at Goulburn Valley is responsible for these notifications and the clinician must be informed that if any further information is required, the Medical Microbiologist at the Austin Hospital may be contacted. All communications must be recorded in LabTrak using the F2 phone log function.</p>		
<b>Critical Antimicrobial Resistances</b>	Phone ASAP and record using F2 Phone log in Lab Trak	This includes Carbapenemase producing and Multi-drug resist GNB organisms (phone Microbiology Supervisor first) #*
<b>Positive Blood Cultures</b>	Always urgent. Phone ASAP and record using F2 Phone log in LabTrak	Must give result to consultant if GVH patient or a doctor responsible for looking after the patient if outside hospital. Notify S. aureus bacteremia to the GVH Infectious Disease Physician by sending a copy of the report to him. First bottle must be phoned through. If subsequent bottles are positive, only need to call if gram stain result differs.
<b>Body Fluids</b>	All fluids marked urgent Joint fluids with? Septic Arthritis Peritoneal dialysis fluids – First positive Gram &/or Cultures	For those meeting the urgent criteria, process and phone through ASAP and record using F2 phone log in LabTrak. NOTE: For urines, only call through the cell count if this is explicitly requested on the request form. Body fluids that do not meet the urgent criteria to the right do not need to be processed immediately. However, they must be processed on the same shift as they were received. There will be other samples eg pleural fluid that should be processed urgently even without an “urgent” request
<b>Cerebrospinal fluid</b>	Always urgent. Phone ASAP and record using F2 Phone log in LabTrak	Must give result to consultant if GVH patient or a doctor responsible for looking after the patient if patient is outside the hospital.

# These first require discussion with the Medical Microbiologist at the Austin Hospital

\* These require Infection control notification

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#### SIGNIFICANT ORGANISMS

- Bacillus anthracis
- Bordetella pertussis (Only if current inpatient. Requires IC notification)
- Brucella spp.
- Clostridium botulinum
- Clostridium tetani
- Corynebacterium diphtheria
- Cryptococcus species
- Cryptosporidium species (Only if current inpatient. Requires IC notification)
- Dimorphic Fungi
- Entamoeba histolytica\*
- Extra-intestinal Parasites
- Acute Hepatitis A\*
- Herpes simplex virus in CSF
- Herpes simplex virus any site in a neonate < 1 month old
- HIV (1st positive)
- Influenza (Only if current inpatient. Requires IC notification)
- Legionella species
- Listeria monocytogenes in sterile site
- Measles virus\*
- Mycobacterium tuberculosis (1<sup>st</sup> time)(\* if respiratory specimen)
- Extra-genital Neisseria gonorrhoea. Any Neisseria gonorrhoea in a child aged less than 12yo.
- Neisseria meningitides\*
- Norovirus (Only if current inpatient. Requires IC notification)
- Respiratory syncytial virus (Only if current inpatient. Requires IC notification)
- Salmonella Typhi and Paratyphi (Only if current inpatient. Requires IC notification)
- Shigella (Only if current inpatient. Requires IC notification)
- Varicella zoster virus – only if it states “chickenpox” on the request form\*
- Vibrio species\*