

**BON SECOURS HOSPITAL PATHOLOGY DEPARTMENT**

**TEST RESULT VALUES CURRENTLY PHONED TO WARD**  
**HAEMATOLOGY/ BLOOD TRANSFUSION**

<b>Parameter*</b>	<b>Units of Measurement</b>	<b>Lower Limit</b>	<b>Higher Limit</b>
<b>HAEMATOLOGY</b>			
<b>Haemoglobin (Hb) *</b>	g/dL	<9.0	N/A
<b>Platelet Count *</b>	X 10 <sup>9</sup> /L	<100	N/A
<b>Absolute Neutrophil Count *</b>	X 10 <sup>9</sup> /L	<1.5 <1.0 (Oncology)	30
<b>INR *</b>			>4.0
<b>APTT *</b>	Time in Seconds	Any abnormal APTT on patient not on anticoagulant.	
<b>Fibrinogen</b>	g/L	< 1.5	N/A
<b>D Dimer</b>	Qualitative Test	<b>Phone all D Dimer results.</b>	
<b>BLOOD TRANSFUSION</b>			
<b>Delay in Providing Blood/ Products for Transfusion</b>	N/A	N/A	N/A
<b>Antibody Present</b>	N/A	N/A	N/A

\* Results phoned on first presentation

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### TEST RESULT VALUES CURRENTLY PHONED TO WARD CLINICAL CHEMISTRY

Analyte	Units of Measurement	Lower Limit	Higher Limit	Required action by Laboratory
Sodium	mmol/l	130	150	Phone the first time in an episode
Potassium	mmol/l	3.0	6.0	Phone
Calcium(corrected)	mmol/l	1.5	3.0	Phone
Phosphate	mmol/l	0.40	3.00	Phone
Magnesium	mmol/l	0.50	1.20	Phone the first time in an episode
Glucose	mmol/l	3.0	20	Phone the first time in an episode
Urea / Creatinine	mmol/l / umol/l	N/A		Phone urea>20.0mmol/L with normal Creatinine Phone urea >20.0mmol/L with creatinine >200umol/L if the first time in an episode
Total Protein	g/l	50	100	Phone the first time in an episode
Albumin	g/l	25	N/A	Phone
Amylase	umol/l	N/A		Phone the first time in an episode and if the value rises by more than 100 IU/L per day
Urate	umol/l	N/A	800	Phone the first time in an episode
Total Bilirubin	umol/l	N/A	80	Phone the first time in an episode
AST/AST	IU/L	N/A	500	Phone the first time in an episode
ALP	IU/L	N/A	500	Phone the first time in an episode
CK	IU/L	N/A	200 5000	Phone the first time in an episode Phone
Iron	umol/l	N/A	60	Phone
Serum Osmolality	mOsm/kg	240	310	Phone
Arterial Blood Gas		ALL	All	Phone
Troponin	ng/ml	N/A	0.03	Phone
TSH	mU/L	N/A	20.0*	Phone the first time in an episode
Free T4	pmol/l	5	35*	Phone the first time in an episode

<http://www.ifcc.org/> Critical Limits of Laboratory Results for Urgent Clinician Notification. eJIFCC Vol 14  
IBMS "Guideline for Giving Results over the Telephone" (WW/16000/1/98).

**Note:** Our critical Intervals for phoning information is locally adapted from the above references.

**Please note:**

1. An episode is one hospital stay or a transfer to a new ward. Phoning a result means alerting the clinical staff to the presence of an abnormal result, it does not require you to give the actual number, just ensure that the person taking the call is aware of the reason for calling them. If a result is given the person taking the result must repeat back the result. Evidence that a result was phoned will be logged on iLab
2. Where an action/alert limit is breached for definite tests/analytes then the ward will be contacted and told the test is outside of these limits (either high or low for numeric assays) and that they need to review the result on screen.
3. The laboratory will alert by phoning all incidences of ? Contaminated samples, ? Drip arm samples or haemolysed samples where critical results are affected.
4. Where a test is not included in the list of Action and Alert limits and is grossly abnormal: Laboratory staff will use their professional judgement to convey the urgency of any very abnormal result and in such cases may consider directly contacting the requesting clinician or the doctor on call for the relevant specialty.

BSD/PATH/GDE/001	Ver. 2	Effective Date: 18/05/11	Att. 5
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