



This Document is held under Laboratory Document Control and was approved by Kerrie Emerick, MD Laboratory Medical Director

Tests included on this list were determined and approved by a combination of the following: Kerrie Emerick, MD, Infection Control, Deaconess Hospital Pharmacy & Therapeutics Committee, Hospital CMO and CPO.

Critical Lab Results Notification Test List 04/10/2019

Test Name	Parameters	Critical Values
Acetaminophen		>150 ug/mL
Arterial Cord Blood Gas pH		<=7.15
Arterial Cord Blood Gas Base Excess		<= -7meq/L
Blood Alcohol		>400 mg/dL
Blood Gases	pH	<7.20, >7.60
Bilirubin, Direct		>20.0 mg/dL
Bilirubin, Total	0 up to 1 day	>6.0 mg/dL
	1 day up to 2 days	>12.0 mg/dL
	2 days up to 3 days	>15.0 mg/dL
	3 days up to 1 month	>17.0 mg/dL
	≥ 1 month	>20.0 mg/dL
Calcium		<6.0 mg/dL, >12.0 mg/dL
Calcium, Ionized		>1.50 mmol/L
Carbamazepine		>15.0 ug/mL
Carbon Monoxide		>15.0%
CO2		<10 meq/L, >40 meq/L
Digoxin		>2.0 ng/mL
Fibrinogen		<80 mg/dL
Gentamicin	trough	>2.0 ug/mL
	peak	>12.0 ug/mL
Glucose	0 up to 30 days	<46, >400
	≥ 30 days	<50 mg/dL >400 mg/dL
Hematocrit	0 up to 31 days	<21.1%, >69.9%
	≥ 31 days	<21.1%, >59.9%
Hemoglobin	0 up to 31 days	<7.1 g/dL, >23.9 g/dL
	≥ 31 days	<7.1 g/dL, >19.9 g/dL
HIV		New positive results
INR		>5.0
Lithium		>1.3 meq/L

Magnesium		<1.0 mg/dL, >4.9 mg/dL
Phenobarbital		>50.0 ug/mL
Phenytoin		>30.0 ug/ml
Phosphorus		<1.0 mg/dL, >8.0 mg/dL
Platelets		<30 K/uL

Note: This Form is associated with the following document:


Critical Lab Results Notification Policy (held under Bozeman Health Facility Document Control)

Page 1 of 2

FILE NAME: GENLAB.RESULTS.Critical Lab Results Notification Test List.v.2

REVISION ORIGATION DATE: 04-10-2019

NOTE: This is a CONTROLLED document.

 BOZEMAN HEALTH	BOZEMAN HEALTH LABORATORY AND PATHOLOGY SERVICES
This Document is held under Laboratory Document Control and was approved by Kerrie Emerick, MD Laboratory Medical Director	Tests included on this list were determined and approved by a combination of the following: Kerrie Emerick, MD, Infection Control, Deaconess Hospital Pharmacy & Therapeutics Committee, Hospital CMO and CPO.

Critical Lab Results Notification Test List, Continued

Test Name	Parameters	Critical Values
Potassium		<3.0 meq/L, >6.5 meq/L
PTT		>100 seconds
Salicylate		>30.0 mg/dL
Sodium		<120 meq/L, >155 meq/L
Theophylline		>20.0 ug/mL
Tobramycin	trough	>2.0 ug/mL
	peak	>12.0 ug/mL
Troponin		>0.600 ng/mL
Valproic Acid		>120 ug/mL
Vancomycin	trough	>20.0 ug/mL
	peak	>40.0 ug/mL
White blood count	0 up to 8 days	<2.1 or >38.0 K/uL, OB:<2.1 or >33.9 K/uL
	8 days up to 12 months	<2.1 or >30.0 K/uL, OB:<2.1 or >29.9 K/uL
	≥ 12 months	>29.9 K/uL

Additional Critical Values

MICROBIOLOGY

Blood Cultures	Positive
CSF	Positive gram stain and/or culture
Influenza	Positive

Malaria Smear/blood film for parasites	Any organisms seen
Meningitis/Encephalitis Panel, NAD	Positive
Multi-drug Resistant Organisms	Vancomycin Resistant <i>S.aureus</i> , Vancomycin Intermediate <i>S.aureus</i> , Methicillin Resistant <i>S.aureus</i> , VRE, CRE, ESBL
Bordetella pertussis	Detected
Sterile body Fluids	Positive gram stain and/or culture
Systemic Fungal Culture	Positive
TB cultures	Positive smear or Culture
BLOOD BANK	
Crossmatch	Inability to provide crossmatch compatible blood
Transfusion reaction	Any evidence of a hemolytic transfusion reaction
OTHER	
Corrected Lab Results	Any corrected lab result

Note: This Form is associated with the following document:	Critical Lab Results Notification Policy (held under Bozeman Health Facility Document Control)	Page 2 of 2
--	--	-------------