CERNER CRITICAL VALUES

It is important that critical test results are communicated in a timely manner to the licensed caregiver who may act on the results. The communication of critical test results will be monitored for timeliness. Critical test results are defined as those test results that may be an indication of a life-threatening situation or that may have urgent importance to patient management. Critical value limits have been defined and approved by the Medical Executive Committee and are listed with each appropriate test in the alphabetical test list. On a computer generated report these values will be designated by an uppercase C. When a test result exceeds the critical value limit established for that test, the results will be called by the laboratory staff to the licensed caregiver or designee. When calls are made to the caregiver, the laboratory staff will ask for the full name and role of the individual receiving the results. The recipient will be asked to "read-back" the results as they are given by the laboratory staff. This is done to confirm that the person receiving the results heard and documented the results correctly. Documentation of the call is recorded in the Laboratory Information System along with the date and time that the call was made. This is done in accordance with standards defined by The Joint Commission and the College of American Pathologists (CAP). For inpatients, the results will be called to the caregiver for that patient or the unit secretary if the nurse is not able to come to the telephone. For patients at a nursing home, the results will be called to the nursing supervisor. For outpatients, the results will be called to the ordering physician's office and given to a RN, LPN, or Medical Assistant. If the physician cannot be contacted at his/her office, an attempt will be made to contact the physician through an answering service or home phone. If no contact can be made, the pathologist on-call, may contact the patient. If the pathologist advises the patient, a letter documenting the contact will be sent to the ordering physician the next day.

Therapeutic Drugs						
Acetaminophen	>150.0	NAPA*	>30	Salicylate	>30.0	
	mcg/mL		mg/L		mg/dL	
Carbamazepine	>15.0	Phenobarbital	>60.0	Theophylline	>20.0	
	mcg/mL		mcg/mL		mcg/mL	
Digoxin	>3.0	Phenytoin	>30.0	Tobramycin	>12.0	
(12-24 hr post)	ng/mL	(Dilantin)	mcg/mL	Peak	mcg/mL	
Gentamicin	>12.0	Primidone	>15.0	Tobramycin	>2.0	
Peak	mcg/mL		mcg/mL	Trough	mcg/mL	
Gentamicin	>2.5	Procainamide*	>or = 14	Valproic Acid	>200.0	
Trough	mcg/mL		mg/L		mcg/mL	
Lidocaine*	> or = 6	Quinidine*	> or =	Vancomycin	>20.0	
	mg/L		10 mg/L	Trough	mcg/mL	
Lithium	>1.5	*Test performed by reference lab				
	mmol/L	-	-			

Hematology		Chemistry		Blood Gases	
*WBC	<2.0	CO ₂ <10 >45		рН	<7.25
	K/mcL		mmol/L	(arterial)	>7.55
					units
ABS Neutrophil	<1.0	Calcium	<7.0 >13.0	pO ₂	<55 mm
Count	K/mcL		mg/dL		Hg
Hematocrit	<21%	Calcium,	<0.78	pCO ₂	>80 mm
	>70%	Ionized	>1.58		Hg
			mmol/L		

Blasts	Present	Glucose	<40 >500	%COHB	>14%	
*Platelet Count	<50 >1000 K/mcL	Lactic Acid	>4.0 mmol/L	pH (venous)	<7.22 >7.52 units	
*PTT	>150 sec	Magnesium	>5.0 mg/dL			
PT (INR)	> or = 5.0	Phosphorus	<1.0 mg/dL			
Blood Parasite (Malaria)	Present	*Potassium	<2.8 >6.2 mmol/L			
Fibrinogen (Massive Transfusion Protocol)	<120 mg/dL	Sodium	<120 or >160 mmol/L			
* Exceptions (Defined with input from appropriate clinical department)						
Hemodialysis patients – Medicine/Nephrology: Call Potassium if >6.5 mmol/L						
Radiation Oncology patients - Radiation Oncology: Call Platelets <20.0 K/mcL						
Hematology/Oncology patients – Medicine/Hem/Oncology: Call Platelets <20 K/cmm; WBC <2.0 K/mcL or <1.0 K/mcL neutrophils; subsequent Blasts (first blast is called)						
Open Heart Surgery patients during surgery – Do not call						
Infant <2 days old – Call Potassium if >7.7 mmol/L						

Transfusion Services			
Positive Direct Coomb's test on Cord blood specimen			
Positive Antibody screen with an incompatible			
crossmatch, if the problem:			
1) is not quickly rectified;			
will cause delay in dispensing blood;			
3) will result in not having blood available for			
surgery.			
Evidence of hemolytic transfusion reaction –			
indicated by any or all of the following:			
1) Positive Direct Coomb's test (DAT negative pre-			
transfusion); 2) Visible hemolysis (not present pre-			
3) Presence of free hemoglobin brown/black urine:			
4) Significant ABO mismatch:			
5) Clerical error resulting in an incorrect			
transfusion:			
6) Positive blood culture or bacteria seen on Gram			
of a oblige block culture of bacteria seel of Gran			

Neonate Bilirubin						
Age Hours	Critical	Age Hours	Critical	Age Hours	Critical	
_	Value	_	Value		Value	
0-18	6.9 mg/dL	39-40	12.2	64-65	15.5	
	_		mg/dL		mg/dL	
18-19	7.2 mg/dL	40-42	12.3	65-67	15.6	
	0.		mg/dL		mg/dL	
19-20	7.4 mg/dL	42-43	12.4	67-69	15.7	
	5,		mg/dL		mg/dL	
20-21	7.5 mg/dL	43-44	12.5	69-70	15.8	
	5,		mg/dL		mg/dL	
21-22	7.6 ma/dL	44-45	12.7	70-72 (3 davs)	15.9	
			mg/dL		ma/dL	
22-23	7.7 ma/dL	45-46	12.8	72-78	16.3	
			ma/dL		ma/dL	
23-24 (1	7.8 ma/dL	46-47	13.0	78-84	16.7	
dav)	, ie iiig, e.=		ma/dL		ma/dL	
24-25	8.1 ma/dL	47-48 (2	13.2	84-90	17.1	
	og, o	days)	ma/dl		ma/dl	
25-26	8.4 ma/dl	48-49	13.3	90-96 (4 days)	17.4	
25 20	orring, ac	10 15	ma/dl	50 50 (1 ddy5)	ma/dl	
26-27	8.6 ma/dl	49-50	13 5	96-102	17 5	
20 27	oro mg/ac	19 80	ma/dl	50 102	ma/dl	
27-28	8.9 ma/dl	50-51	13.7	102-108	17 5	
27 20	orb mg/ac	50 51	ma/dl	102 100	ma/dl	
28-29	9.2 ma/dl	51-52	13.8	108-114	17.6	
20 25	512 mg/ dE	51 52	ma/dl	100 111	ma/dl	
29-30	9.4 ma/dl	52-53	14.0	114-120 (5 days)	17.6	
25 50	J. Ting/ dE	52 55	ma/dl	111 120 (3 ddy3)	ma/dl	
30-31	9.7 ma/dl	53-54	14.2	120-126	17 5	
50 51	J./ Hig/uL	55 54	ma/dl	120 120	ma/dl	
31-32	10.0 ma/dl	54-55	14.3	126-138	17.4	
51 52	10.0 mg/uc	54 55	ma/dl	120 150	ma/dl	
32-33	10.3 ma/dl	55-56	14 5	138-144 (6 days)	17.3	
52 55	10.5 mg/dc	55 50	ma/dl	150 IFF (0 ddy5)	ma/dl	
33-34	10.5 ma/dl	56-57	14 7	144-150	17 5	
55 54	10.5 mg/uc	50 57	ma/dl	144 150	ma/dl	
34-35	10.8 ma/dl	57-58	14.8	150-156	17.7	
54 55	10.0 mg/uc	57 50	ma/dl	150 150	ma/dl	
35-36	11.1 ma/dl	58-59	15.0	156-162	17.9	
55 50	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	50 55	ma/dl	100 102	ma/dl	
36-37	11.4 ma/dl	59-61	15.2	162-168 (1 week)	18.2	
50-57	III.4 IIIg/UL	55-01	ma/dl	102-100 (1 WEEK)	ma/dl	
37-38	11.6 ma/d	61-62	15 2	1 week - 1 month	18.0	
57-50	11.0 mg/uL	01-02	ro.o	T WEEK - T IIIOIIIII	ma/dl	
38-30	11.0 ma/d	62-64	15 /	1 month = 19 yrc	18.0	
20-22	11.9 mg/uL	02-04	13.4 ma/di	I INONULI – TO ALS	na/dl	
			IIIY/UL		mg/uL	

Neonates (Birth to 1 Month)					
Hematocrit	<21%	Arterial	<40 mm	Urine	Positive
	>70%	pO2	Hg	Glucose	
			>110 mm		
			Hg		
Glucose	<40 mg/dL	Capillary	<7.20		
	>200 mg/dL	рН	units		
			>7.50		
			units		
Potassium	Birth-2dys:	Capillary	>70 mm		
	<2.8 mmol/L	pCO2	Hg		
	>7.7 mmol/L				
	2 dys-3mos: >6.5 mmol/L				

Refer to Laboratory Services Administrative Policy A-SP-12 for additional information.