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Origination	01/1996	Owner	Kimberly Adkins: Senior Director Of Laboratory
Last Approved	06/2026		
Effective	06/2026	Applicability	TidalHealth Peninsula Regional
Last Revised	06/2026		
Next Review	06/2028		

Critical Action Values (TidalHealth Peninsula Regional)

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PURPOSE/PRINCIPLE:

Communication is a critical component in medicine. This policy defines TidalHealth Peninsula Regional's acceptable standards for reporting Critical Action Results. A Critical Action Result is a Test Result that represents a pathophysiologic state at such variance with normal as to be life-threatening if an action is not taken quickly and for which an effective action is possible.

TIDALHEALTH PENINSULA REGIONAL POLICY FOR REPORTING CRITICAL ACTION VALUES:

Diagnostic department personnel will notify the appropriate Health Care Provider of any Critical Action Value within the time frame established by that department using the script established by that department.

During the Critical Action Value notification to relay those results, this information is exchanged:

- The name and department of the person making the call
- The name and date of birth of the patient who has critical values
- A statement that this is a "Critical Action Value."
- The full name of the person taking the Critical Action Value
- A read back of the results unless this is an automatic push notification for critical results sent to nurses caring for the patient. If the automatic push notification is sent, the nurse will acknowledge the result and the computer system will document the communication with the nurses full name and time of notification. If the result has not been acknowledged within 10 minutes, the results will appear on an outstanding list and will have to be phoned with read

back and documented.

Documentation of phoning the Critical Action Values will be part of the Testing Department's Report and will include:

- The full name of the person to whom the report was given
- The time and date that the report was given.

Addendums:

- TidalHealth Peninsula Regional Nursing Department Addendum for Critical Action Values and Criteria for when Critical Action Results Do Not have to be Called
- Laboratory Critical Action Values Addendum
- Point of Care Critical Action Values Addendum
- Echocardiogram, Vascular and EKG Critical Action Values Addendum
- Radiology Critical Action Values Addendum
- Respiratory, Pulmonary, ABG Critical Action Value Addendum

TidalHealth Peninsula Regional Nursing Department Addendum for Critical Action Values & Criteria for when Critical Action Results Do Not have to be Called When Nursing Staff is Notified of any Critical Action Value, He/She will:

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- Read back the critical action value to the caller or acknowledge the push notification.
- Stat page the authorizing provider's office or physician on call within 15 mins of receiving the result.
- Document in the patient's chart the notifying department, date and time of the call, and the critical action value.
- Document all attempts of notifying the appropriate authorizing provider in the patient's chart.
- Document in the patient's chart the physician's name, date and time physician received results. Request a read back of the value from the physician.
- If no response after 15 mins, a second attempt is made by the nurse to contact physician using Stat paging, and any published direct telephone numbers (office, home, or cell).
- If after 30 mins no response has occurred, the nurse will inform the Nursing Supervisor of the situation and request assistance.
- The Nursing Supervisor will contact a partner of the physician or a consulting physician for this patient.
- If after 60 mins there is no response, the Medical Director of the Critical Care Unit (if the patient is in critical care), or the Chief of the Division or Department is contacted.

- If unsuccessful after 90 mins, the President of the Medical Staff is notified.

Criteria for When the Nurse Does Not have to Call the Doctor with a Critical Action Value:

- Patient is at end of life with a DNR and is to receive comfort measures only.
- Critical Action Value is a repeat value and LIP (Licensed Independent Practitioner) is aware and treatment is in progress or ordered.
- Critical Action Value is chronic and not expected to improve.
- Patient has protocol or order to treat the value.
- The Newborn Nursery and NICU Units will refer to Hyperbilirubinemia / Phototherapy policy and plot the critical action bilirubin value on the Bilirubin nomogram tool and notify physician as necessary.
- Nurse may gather all expected results prior to contacting the LIP. If additional results are delayed greater than 30 mins, the nurse will contact the LIP with the immediate Critical Action Value. Example: When multiple tests are ordered, for example CBC and Chem8, the nurse may wait for all results from both tests before communicating the results to the LIP (Licensed Independent Practitioner). If additional results are expected to be delayed greater than 30 mins, i.e (tube requires a redraw), the nurse will call the identified resulted Critical Action Value immediately.

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Laboratory Critical Action Values Addendum

Policy Prepared by:	**Date:**	**Departments Sharing Policy:**
Policy Approved by:	**Date:**	**Core** **Microbiology** **Pathology** **Special Chemistry** **Transfusion Services**
Lab Director:	**Date:**	
Policy Adopted by:	**Date:**	
Original Policy Written:	**Date: 1996**	
Policy Reviewed by:	**Date:**	
Policy Reviewed by:	**Date:**	
Policy Reviewed by:	**Date:**	
Policy Reviewed by:	**Date:**	
Policy Reviewed by:	**Date:**	

Rationale or background to policy:
Critical Action Values need to be reported to the physician immediately to ensure prompt patient care.
Policy Statement:

Using the Inpatient and Outpatient Critical Action laboratory Values Notification Flowcharts, Critical Action Values are phoned to the nurse/physician.

Implementation of Policy:

The flowcharts contain required notification timing and scripting for Laboratory Critical Action Values.

Addendums:

- **Inpatient Critical Action laboratory Value Notification Flowchart**
- **Outpatient Critical Action laboratory Value Notification Flowchart**
- **Patient Critical Notification by Laboratory Supervisor/Manager Script Flowchart**

ANATOMIC PATHOLOGY

The Pathologist shall verbally communicate to the submitting physician the findings that yield diagnoses that may be **unexpected or otherwise significant upon review of a surgical pathology specimen or any finding that is deemed clinically necessary.** The date and time of the verbal notification should be documented in the comment section of the pathology report. Examples of unexpected findings are malignancy in an uncommon location or specimen type (e.g. hernia sac, intervertebral disc material, tonsils, etc), or in a specimen where the provided history suggests that a malignant diagnosis is not expected or possible ectopic pregnancy (i.e. absence of chorionic villi when clinically expected). In addition, a change in diagnosis from the frozen section diagnosis after review of permanent section must be communicated immediately. Mycobacterial, fungal or other significant infectious organisms identified on special strain or any other significant or unexpected findings as determined by the pathologist.

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COAGULATION

Analyte	Age, Condition	Less Than	Greater Than
Fibrinogen		75 mg/dL	
PTT	**Greater than 6 months old**		**120 seconds**
	Less than 6 months old		**50 seconds**
PT	Less than 6 months old		30 seconds
INR	All ages		**5.0**

HEMATOLOGY

Analyte	Age, Condition	Less Than	Greater Than
Hemoglobin	≥16 years	6.0 g/dL	
	<16 years	6.0 g/dL	25 g/dL
White Blood Count	**≥16 years**	**1.0 x 10E3/ uL [+]**	
	<16 years	**1.0 x 10E3/**	**30 x 10E3/uL**

		uL+	
Absolute Neutrophil Count		0.5 x 10E3/uL+	
Platelets		**20 x 10E3/uL**	**1,000 x 10E3/uL +**
Platelets (Nursery)		50 x 10E3/uL	1,000 x 10E3/uL
Spinal Fluid WBC/Diff			**10/cmm**
Blood Smear			Presence of Blasts +, Bacteria or Parasites

+ Automatic push notification for each occurrence or phone call for first critical. Subsequent phone calls not required unless the critical changes to noncritical and then back again, in which case the critical will be treated as a first time critical result. As applicable, OPI Protocol may be applied per current automated hematology procedure.

SPECIAL CHEMISTRY

Analyte	
Reference Lab Tests	These are semi-urgent and are not treated as critical results – they are left for the next day, including weekends
+ Results do not need to be phoned on weekends/ nights. Enter results. Phone on the next day the office is open. Modify results. Replace the name with the full name of the person to whom you phoned the Critical Result.	
Note: When a tech receives Critical Action Values by phone from a reference lab, he/she will "read back" the result to the reference lab person, and then follow the above procedure for notifying nursing personnel or ordering physician.	

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MICROBIOLOGY / SEROLOGY

Analyte	**Condition**	**Critical Action Value**
Blood Culture		Positive
Acinetobacter - Multi Drug Resistance - Susceptible to 2 or less classes of drugs	**Inpatient**	**Positive**
AFB Fluid Smear or Culture		Positive
CDT	**Inpatient**	**Positive**
Chlamydia	Inpatient	Positive
ESBL Positive Gram Negative Rods	**Inpatient**	**Positive**
Gonorrhea	Inpatient	Positive
Influenza Antigen	**Inpatients**	**Positive**
KPC Positive Gram Negative Rods	Inpatient	Positive
MRSA	**Inpatient, Nursing Home Pts, NonAdmitted ED Pts**	**Positive**

Peritoneal Dialysate Smear/Culture		Positive
Pleural Fluid Gram Stain/Culture		**Positive**
RSV Antigen	Inpatients	Positive
SARs-CoV-2	**Inpatients**	**Positive**
Spinal Fluid Smear/Culture		**Positive**
Enteric Pathogen Panel	Inpatients and ED patients	Positive Salmonella, Shigella or Enterohemorrhagic E. Coli
VRE	**Inpatients**	**Positive**

TRANSFUSION SERVICES

Analyte	Condition	Critical Action Value
ABO Testing	Transfusion Reaction Investigation	Incompatible transfusion
Antibody Screen, Direct Coombs	**Transfusion Reaction Investigation**	**A delayed reaction indicated**
Crossmatch, Type & Screen	Any Order	Extended delay indicated
Autologous Blood Product	**Problem Reported by Supplier**	**Not available(The product will not be available due to conditions beyond our control)**
Direct Antiglobulin Test	Neonates	Positive
Blood Product	**Unit has been or is being transfused**	**Bacterial Testing Positive**
Blood Product	Ordered for Transfusion	Not available+

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Chemistry and Urinalysis

Analyte	Age, Condition	Less Than	Greater Than
Acetaminophen			40.0 ug/mL
Alcohol	**<16 years**		>=200 mg/dL
Amikacin	Peak		35.0 ug/mL
	Trough		8.0 ug/mL
Ammonia	**<16 years**		**>/=90 umol/L**

Bilirubin	5 days to 2 months		>/=15.0 mg/dL
	4 days		>/=14.0 mg/dL
	3 days		>/=13.0 mg/dL
	2 days		>/=11.0 mg/dL
	0-1 days		>/=7.5 mg/dL
Calcium	**Greater than 6 months old**	**6.0 mg/dL**	**12.0 mg/dL**
	Less than 6 months old	**7.0 mg/dL**	**12.0 mg/dL**
Calcium, Ionized		0.80 mmol/L	1.58 mmol/L
Carbamazepine (Tegretol)			**15.0 ug/mL**
CO_2	Greater than 6 months old	10 mEq/L	45 mEq/L
	Less than 6 months old	15 mEq/L	45 mEq/L
Digoxin			**2.0 ng/mL**
Gentamicin	**Peak - Greater than 6 months old**		**12.0 ug/mL**
	Peak - Less than 6 months old		**10.0 ug/mL**
	Trough – Greater than 6 months old		**2.0 ug/mL**
	Trough – Less than 6 months old		**1.0 ug/mL**
FK506 (Tacrolimus)	**≥16 years**		**>30 ng/mL**
FK506 (Tacrolimus)	**<16 years**		**≥25 ng/mL**
Glucose	CSF	40 mg/dL	
Glucose	**Greater than 16 years**	**50 mg/dL**	**500 mg/dL**
Fasting and	**Serum, Greater than 4 weeks & <16 years**	**50 mg/**	**400**

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Random		**dL**	**mg/dL**
	Serum, Less than or equal to 4 weeks	**40 mg/dL**	**400 mg/dL**
Ketones, Urinalysis	**Less than 6 months old**		Positive
Lactic Acid			>/=3.0 mmol/L
Lithium			**>2.0 mEq/L**
Magnesium	Not Labor and Delivery & ≥16 years	1.0 mg/dL	5.0 mg/dL
	<16 years	1.0 mg/dL	4.0 mg/dL
	Labor and Delivery & ≥16 years	1.0 mg/dL	8.0 mg/dL
Phenobarbital			60 ug/mL
Phenytoin (Dilantin)			**25 ug/mL**
Phosphorus		1.0 mg/dL	
Potassium	**Greater than 6 months old**	**2.5 mEq/L**	**6.5 mEq/L**
	Greater than 6 months old-Hemolyzed	**2.5 mEq/L**	**7.0 mEq/L**
	Less than 6 months old	**3.5 mEq/L**	**7.0 mEq/L**
Procalcitonin (LRTI) Initial Level			**>0.5 ng/mL**
Protein, CSF			100 mg/dL
Salicylate			**30 mg/dL**
Sodium	≥16 years	120 mEq/L	160 mEq/L
	<16 years	130 mEq/L	155 mEq/L
Tobramycin	Peak		12.0 ug/mL
	Trough		2.0 ug/mL
	Random		12.0

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			ug/ml
Troponin T	*Either: 1) Automatic push notification for each occurrence, or 2) phone call for first critical in a series or recurrence of non-critical result becoming critical again.*		>/= 52 ng/L
Uric Acid	<16 years		>/=10 mg/dL
Valproic Acid (Depakene)			**150 ug/mL**
Vancomycin	Peak		50 mcg/mL
	Random		25 mcg/mL
	Trough		30 mcg/mL

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Critical Result Workflow for Inpatient

If a phone call is required and the patient's nurse cannot be reached in 10 minutes, attempt to contact the charge nurse. If the charge nurse cannot be reached in 10 minutes, attempt to contact any nurse on the patent's unit. Document each attempt per instructions in the Comm Log procedure for Critical and Corrected Results.

Inpatient Script for Phone Communication

This is (name) from (department name), is this the nurse for (patient name) in (room)?
I have a critical action value for (patient first and last name), date of birth (provide date of birth).
Could I please have you full name so that can document this call?
(Give the result.)
Please read back the value.
The responsible physician should be notified of this Critical Action Result.
Thank you.

Critical Result Workflow for Outreach

A. Verify result. A push notification will be generated to users at locations with that function available. If the push notification is not answered in 10 minutes, or if push notifications are not available to that user, a required Comm Log will be generated to the Outstanding List for lab staff follow-up. See the Comm Log procedure for Critical and Corrected Results.

B. When unable to reach the provider at the number defaulted in the Comm Log, or when one is

not specified, attempt the following in sequence:

1. Review the requisition for potential provider / alternate contact information and try those.
2. If the provider is part of a team in On-Call Finder, look up the on-call contact for that team and try to contact them by phone or SecureChat.
3. If there is no on-call or the on-call has not responded, and the provider is in SecureChat, attempt to message them with a request they call back the lab.
4. If you cannot reach the provider by SecureChat, check if they have an alternate contact number in SpectraLink VOIP and call that.
5. If none of the above work: At Peninsula only, contact the Supervisor on Call for guidance. Otherwise, proceed directly to the Patient Critical Result Notification topic.

Patient Critical Result Notification

When all attempts to reach a provider have failed, it will be necessary to contact the patient directly at their contact number(s) in the LIS.

If the patient can be reached …

If the patient can be reached, use the Script for Patient Notification below to relay their results. Afterwards, either complete the Comm Log in the LIS or provide the necessary information to the tech who obtained the value(s) so they may complete the Comm Log. When the provider's office is next open, contact them and relay the critical value(s). Inform them you were unable to reach them previously. Document another Comm Log. File an incident report.

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Script for Patient Notification of Critical Action Value

"Hello, my name is (name). I am a (state role) at the laboratory at (location). You recently had testing performed and the results require we call your physician. We attempted to reach your physician but were unable to do so and are required to communicate the result to you instead. The (test name) result is (elevated or low) at (value). Please contact your physician in case they want to change any medication or your plan of care. I cannot provide specific direction regarding your medical plan. However, I can suggest that you may want to be evaluated by a healthcare provider. If you choose not to do so, my suggestion would be to call the physician's office as soon as they next open. I apologize for any concern or inconvenience that his may cause you. We want you to know patient health and safety are always important to us here at TidalHealth."

Responses for Potential Questions During Patient Notification Call

Where should I got for evaluation? What kind of provider should I see?

A community clinic, urgent care facility, or emergency room.

Is there a doctor I can speak with?

A doctor who does not know you cannot evaluate you over the phone. You need to be seen and examined. You are welcome to come to your nearest TidalHealth emergency department to be seen by

one of our physicians.

What am I supposed to do? What would you do if you were me? Should I wait until my doctor's office opens?

I understand you concern/uncertainty. However, I cannot provide you with specific direction. That is why I suggest you be evaluated by a healthcare provider to get specific direction to your questions.

If the patient cannot be reached …

Contact the on call pathologist per the procedure "Contacting Pathologist on Call".

If the Pathologist directs the result can wait to be called when the office is next open, document that in a Comm Log. When the provider's office is next open, contact them and relay the critical value(s). Inform them you were unable to reach them previously. Document another Comm Log. File an incident report.

If the Pathologist directs another action, follow their instructions and perform the necessary documentation appropriate for that action.

POC (Point of Care) Critical Action Values Addendum

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Analyte	Age, Condition	Less Than	Greater Than
Arterial Blood Gas pH		7.20	7.60
Arterial Blood Gas pCO2		**20**	**70**
Arterial Blood Gas pO2		55	
CO_2		**10 mmol /L**	**45 mmol /L**
Glucose	Greater than 4 weeks	50 mg/dL	500 mg/dL
	Less than or equal to 4 weeks	40 mg/dL	400 mg/dL
Hemoglobin		**6.0 g/dL**	
Ionized Calcium		0.80 mmol/L	1.58 mmol/L
Lactic Acid			**>/= 3.0 mmol/L**
Potassium		2.5 mmol/L	6.5 mmol/L
Sodium		**120 mmol/L**	**160 mmol/L**

Echocardiogram, Vascular, & EKG Critical Action Values Addendum

When a venous study is positive for deep venous thrombosis or a carotid study shows severe carotid stenosis preliminary results are called to the ordering health care provider by the vascular sonographer. Preliminary results of Echocardiograms that demonstrate cardiac tamponade or a large pericardial effusion are called to the ordering health care provider by the echo sonographer. Unconfirmed EKG tracings are placed on the patient chart until replaced by confirmed results.

Note: List is not inclusive, other results deemed critical to be called as needed.

Respiratory, Pulmonary & ABG Critical Action Values Addendum

Critical action results can be obtained from the ABG Laboratory (Respiratory/Pulmonary Services).

LIST OF CRITICAL VALUES

Arterial Blood Gases

PH- <7.20- >7.60
PCO2- <20- >70
PO2- <55
Co-oximetry
O2HB <88.0%
COHB > 6.0 % NON SMOKER
>10.0% SMOKER
METHB- > 5.0%

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Venous Blood Gases

PH- <7.20 - >7.60
PCO2- <16 - >70
PO2- <19
Co-oximetry
02HB- < 25.0%
COHB- >6.0%
COHB smoker- >10.0%
METHB- 5.0%

Capillary Blood Gases

PH- <7.20 - >7.60
PCO2 -<20 ->65
PO2- <37

Cord Blood Gases

PH- <7.16->7.60

Approval Signatures

Step Description	Approver	Date
Medical Director Approval	Michael Wagner: Non-Emp Provider	06/2026
Senior Director Approval	Kimberly Adkins: Senior Director Of Laboratory	06/2026
Policy Owner	Kimberly Adkins: Senior Director Of Laboratory	06/2026

Applicability

TidalHealth Peninsula Regional

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