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| Section | Psychiatric Health Facility (PHF) | Effective: | DRAFT |
| Sub-section | Nursing | | |
| Policy | Critical Laboratory Values | Last Revised: | New policy |
| Policy # | | | |
| Director's Approval | _____ | Date | _____ |
| | Alice Gleghorn, PhD | | |
| PHF Medical Director's Approval | _____ | Date | _____ |
| | Leslie Lundt, MD | | |
| Supersedes: | New policy | Audit Date: | DRAFT |

1. PURPOSE/SCOPE

- 1.1. To define critical laboratory value ranges that may have the potential for serious adverse outcome for patients.
- 1.2. To establish procedures for the timely notification of the ordering practitioner or designee and prevent delays in taking action in response to critical laboratory test results.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Critical laboratory value results** – test results from a clinical specimen that upon analysis are determined to be “critical” whether the specimen was submitted as a routine or STAT specimen. “Critical” results fall significantly outside the normal range and indicate the potential for an adverse outcome and/or life-threatening condition if left untreated, and requires rapid communication of the results and immediate intervention by the ordering practitioner or designee.
- 2.2. **Licensed nursing staff** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or psychiatric technician (PT).
- 2.3. **Ordering practitioner** – an individual employed or contracted by the PHF who holds a valid California license as a: medical physician (MD or DO) or nurse practitioner (NP).

3. POLICY

- 3.1. The Santa Barbara County Psychiatric Health Facility (PHF) is committed to the safety and optimal care of patients. All critical laboratory test results shall be reported immediately to the ordering practitioner or designee.
- 3.2. Critical laboratory value ranges shall be approved and reviewed annually thereafter by the PHF Medical Practice Committee.

4. NOTIFICATION PROCEDURE

- 4.1. When the contracted laboratory service encounters a critical laboratory value (see Attachment A, "Critical Laboratory Value List"), the laboratory will contact PHF LNS immediately but no later than four (4) hours following the result. Results will be communicated to the LNS via telephone and faxed directly to the PHF.
- 4.2. LNS receiving critical tests results will write the information as stated by the lab representative. To ensure accuracy and reduce transcription errors, the LNS will read back the test type, values and results verbatim. Results will be transcribed directly into the patient's medical record.
- 4.3. The LNS receiving the results or designee will notify the ordering practitioner within 30 minutes of receipt.
 1. If the laboratory testing was ordered as STAT, LNS must relay the results within 30 minutes of receipt from the laboratory, even if the reported lab value is deemed to be within the established normal range and is not identified as a critical value.
 2. Unless the laboratory test results are critical, the ordering practitioner may define reporting parameters for notification. These reporting parameters must be documented in the patient's medical record and signed, timed and dated by the ordering practitioner.
- 4.4. The ordering practitioner is responsible for responding to the LNS within 20 minutes of the call. If the ordering practitioner has not responded after 20 minutes, the LNS shall initiate the chain of command and commence notification in the following order:
 1. Team Leader
 2. Nursing Supervisor
 3. Medical Director

ASSISTANCE

Gerardo Puga, LMFT, PHF Manager
 Cheryl Jacobs, RN, Interim PHF Nursing Supervisor

REFERENCE

Code of Federal Regulations – Conditions of Participation
 Title 42, Sections 482.24(c) and 482.27

ATTACHMENTS

Attachment A – Critical Laboratory Value List

REVISION RECORD

| DATE | VERSION | REVISION DESCRIPTION |
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Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).