

	INODAYA Hospitals - Kakinada		Documentation code: INH/AAC.Doc.No:17
	Policy on Critical Test		Prepared Date: 11/11/2025
	Reference: AAC.6.g. NABH Standards – 6 th Edition		Issue date: 11/11/2025
	Issue No:1	Review No:0	Review Date: 10/11/2026

AAC 06g: INTIMATION OF CRITICAL TESTS RESULTS

1.0 POLICY:

The laboratory **Neugenix path labs & Quality care labs** department following a protocol to intimate the critical result.

2.0 PURPOSE:

To provide a protocol for notification of critical patient test results.

3.0 DEFINITIONS:

The concept of critical limits (alert values), defined as an imminent life threatening laboratory result requiring immediate physician notification, has been widely adopted as a standard of good laboratory practice.

3.1 Normal: A test result that is within the normal variation and does not require follow-up.

3.2 Critical: A test results beyond the normal variation with a high probability of a significant increase in morbidity and/or mortality in the foreseeable future and requires rapid communication of results for determination of intervention.

3.3 Read Back: The individual accepting the critical test result must record and then read back the critical test result, to the reporter at the time the result is given.

4.0 SCOPE:

Each department is responsible for ongoing assessments and to identify and implement a process, as needed, for the reporting of critical values.

5.0 RESPONSIBILITY:

Laboratory

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6.0 DISTRIBUTION:

Lab in Charge, Lab technicians, Doctors, Nurses, All Department HODs

7.0 PROCESS DETAILS:

7.1 DESCRIPTION OF THE PROCESS:

7.1.1 Communication Tools:

- **Electronic:** including Laboratory Information System (LIS), HMIS **Manual:** including the manual processing, hand delivery or pick up to/by the testing area, patient care area or physician / nurse / ward staff.
- **Verbal:** including verbal report in person or by telephone / intercom / mobile phone

7.1.2 Order of Notification:

- Ordering: Treating Physician / Casualty Medical Officer / The attending staff physician/ Staff nurse on duty.
- Each department reporting critical values must have in place a defined process which documents the reporting of pre-approved critical values.

7.1.3 Normal / Non Critical Test Results Reporting and Documentation:

Results are reported in HMIS via LIS and also manually

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7.1.4 Critical Test Results Reporting and Documentation:

1. The result can be accessed in the HMIS. Included in this report is the name of the notifying technologists.
2. When a critical result is identified, the Laboratory Technologist contacts the ordering physician or their assistant within 15 minutes of test readiness via a phone / intercom / page system.
3. For the patient who is no longer in the hospital or clinic, the Laboratory Technologist contacts the ordering physician or their assistant within 15 minutes of test readiness.
4. If the ordering physician or their assistant is not reached within 15 minutes of test readiness, the Laboratory Technologist will follow the order of notification.

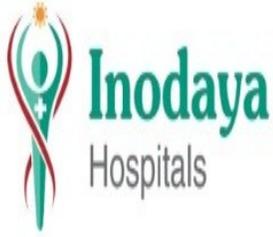
7.1.5 System Failures:

With any applicable communication system failure, a hard copy of the critical result will be delivered to the ordering physician or their assistant.

List of Critical results/ Values:

LAB CRITICAL / PANIC VALUES LIST					
HEMATOLOGY	Age Range	Critical Value (low)	Critical Value (High)	units	Response
Hemoglobin	Adult	< 7	> 20	(mg/dl)	* call
Platelet	Adult	< 50	> 1000	(x 10 ³ /ul)	* call
Haematocrit	Adult	< 20	> 60	(%)	* call

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Fibrinogen	Adult	< 100		(mg/dl)	* call
INR (reported with PT)	Adult	< 2.0	> 4.0		* call
APTT	Adult	< 60			* call
WBC	Adult	< 2.0 to	> 40	(x 10 ³ /ul)	* call
Cell Count - CSF only	Adult	> 30		(WBC/UL)	* call
MP - Falciparum	Adult		positive		* call
Parasite -F	Adult		positive		* call
FDP	Adult		positive		* call
D-DIMER	Adult		positive		* call
Urineanalysischemistrip, glucose	Adult		> 3+ Glucose		* call
OTHER ANALYTES					
GLUCOSE	Any age	< 40	> 500	mg/dl	* Call
SODIUM	Any age	≤ 120	≥ 160	mmol/L	* Call
POTASSIUM	Any age	≤ 2.5	≥ 6.5	mmol/L	* Call
CHLORIDE	Any age	≤ 80	≥ 120	mmol/L	* Call
TCO ₂ (Venous)	Any age	≤ 10	≥ 40	mmol/L	* Call

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TCO ₂ (Arterial)	Any age	≤ 10	≥ 40	mmol/L	* Call
CALCIUM	Any age	≤ 6.5	> 13	mg/dl	* Call
PHOSPHOROUS	Any age	< 1.0	None	mg/dl	* Call
T.Bilirubin	Any age	None	≥ 18.0	mg/dl	* Call
CK	Any age	None	≥ 3-5 times	U / L	* Call
CK-MB	Any age	None	≥ 5	% of total CK activity	* Call
CSF Total protein	Any age	None	≥ 45	mg/dl	* Call
GLUCOSE in CSF	Any age	< 20 or < 80% of blood level		mg/dl	* Call
HORMONES & THERAPEUTIC DRUGS					
T 4	Any age		> 18	ug/dl	* call
AMIKACIN	Any age		> 30	ug/dl	* call
Carbamazepine	Any age		≥ 20	ug/dl	* call
Cyclosporine	Any age		>700	ug/dl	* call
Digoxin	Any age		≥ 2.5	ug/dl	* call

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Phenytoin	Any age		≥ 30	ug/dl	* call
Phenobarbital	Any age		≥ 60	ug/dl	* call
Theophylline	Any age		≥25	ug/dl	* call
Valproic Acid	Any age		≥ 175	ug/dl	* call
Vancomycin	Any age		> 40 : Peak levels	ug/dl	* call
BIOCHEMISTRY BLOOD GASES					
Arterial Ph	Any age	≤ 7.20	≥ 7.55	pH units	* call
Arterial pco 2	Any age	≤ 20	≥ 60	mm Hg	* call
Arterial Po 2	Any age	≤40	None/ > 200	mm Hg	* call
Calcium - ionized	Any age	≤ 2.6	≥ 6.4	mg /dl	* call
Venous Ph	Any age	< 7.25	None	pH units	* call
Bicarbonate	Any age	≤ 10	≥ 40	mmol /L	* call
Hematocrit (PCV)	Any age	≤ 21	≥ 65	%	* call

DEPARTMENT OF MICRO BIOLOGY

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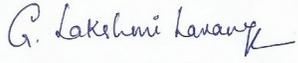
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S.NO	NAME OF THE TEST	NORMAL VALUES	CRITICAL VALUES
1	HBSAg (Rapid)	Negative	Positive
2	HCV (Rapid)	Negative	Positive
3	HIV (Rapid)	Negative	Positive
4	MP PF (Rapid)	Negative	Positive
5	MP PV(Rapid)	Negative	Positive
6	DENGUE (Rapid)	Negative	Positive
7	WIDAL (Slide)	Negative	Positive
8	CRP (Slide)	Negative	Positive
9	RF (Slide)	Negative	Positive
10	ASO (Slide)	Negative	Positive

7.2 ACTIVITY AND RESPONSIBILITY:

- All laboratory tests results, which are so far from the reference range that they indicate a potentially dangerous condition requiring immediate attention, will be intimated to the concerned consultant within 15 by the **labs Neugenix path labs & Quality care labs**.
- In case the consultant is not reachable the result will be brought into the notice of RMO on Duty.
- The result will also be informed to the ward nurse if the patient is admitted to hospital.
- In the case of an outpatient, the result will be intimated to the patient directly through available telephone or mobile number.

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- The individual accepting the critical test result must record and then read back the critical test result, in its entirety, to the reporter at the time the result is given

9.0 REFERENCES:

Scope of Laboratory Policy

Quality assurance Policy

Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1		
Revised version - 2		
Revised version - 3		
Revised version - 4		
Revised version - 5		

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