


Name of Policy: Critical Test Results Policy Number: 3364-100-53-22 Approving Officer: Chief Executive Officer, Chief of staff Responsible Agent: Chief Executive Officer Scope: University of Toledo Medical Center and Medical Staff			
		Effective date: Original effective date: 6/25/2008	
Key words: Critical Limits, Critical Value, Notification, Test Results, Timeframe			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

The Radiology, Laboratory, Heart ~~Station & Vascular Center~~, and Blood Gas Departments have established critical limits for tests, requiring verification and notification. The hospital has established turnaround times for contacting a responsible licensed independent practitioner, when notified by one of these departments of a critical test result or critical value.

(B) Purpose of policy

To provide physician notification when test results indicate the need for prompt attention for the patient.

(C) Definitions

A critical result is a test result that suggests a serious medical condition that may require immediate medical attention for the patient.

(D) Procedure

Critical Results

1. The Radiology, Laboratory, Heart Station, or Blood Gas Department verifies the critical result and finalizes per their departmental policy.
2. The Radiology, Laboratory, Heart ~~Station & Vascular Center~~, or Blood Gas Department staff member calls nursing unit or pages physician and gives critical result value to an RN or other licensed care giver within timeframes stated per each departmental policy. Read back and documentation of the critical result is handled per each departmental policy.

3. The RN or other licensed care giver will notify the physician of critical results within 30 minutes for patients in the critical care units and 45 minutes in the medical, surgical, step down and rehab units.

<p>Approved by:</p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <hr/> <p>Date</p> <hr/> <p>Puneet Sindhvani MD Chief of Staff</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Director, Radiology, Director, Heart Station, Director, Respiratory, Director, Laboratory, Chief Nursing Officer</i></p>	<p>Policies Superseded by This Policy:</p> <p>Initial effective date: 06/25/2008</p> <p>All Review/Revision Dates: 9/24/2008 2/24/2010 6/1/2013 5/1/2016 5/1/2020</p> <p>Next review date:</p>
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