


<b>Name of Policy:</b> <u>Abnormal Test Results (Critical Results)</u> <b>Policy Number:</b> 3364-106-E18 <b>Department:</b> Heart Station <b>Approving Officer:</b> Chief Operating Officer-UTMC <b>Responsible Agent:</b> Director Cardiovascular Services <b>Scope:</b> University of Toledo Medical Center Heart Station	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
<b>Effective Date:</b> 3/2022 <b>Initial Effective Date:</b> 11/1/1984	

**(A) Policy Statement**

The Heart Station technologist or nurse will notify the Cardiology fellow, the attending cardiologist on call or the Registered Nurse in charge of the patient when a critical result is noted during or after a heart and vascular procedure.

**(B) Purpose of Policy**

To allow for prompt identification and patient care management necessary for treatment of life threatening conditions.

**(C) Procedure**

During or following a procedure, if a life threatening result is noted, the nurse or technologist will immediately initiate the following:

1. Inpatients; notify the ordering physician or the cardiologist on call or the registered nurse in charge of the patient. For inpatients who have been brought to the department for testing; if the patient’s condition and time permits, the patient should immediately be returned to their room or the Emergency department.
2. Outpatients, detain the patient, if possible, and notify the Cardiology Fellow or a registered nurse in the physician's office. If the patient's physician's office is closed, the attending on Cardiology (MedIV) should be called. A cardiologist in the Heart and Vascular Center may also be called if available. If the patient refuses to wait, attempts to notify the patient’s physician must continue until successful.
3. If medical or nursing care is needed, it may be initiated by the nurses in the Heart and Vascular Center, Cardiology fellows, residents or attending physicians. If care is initiated in the Heart and Vascular Center, all efforts should be made to transport the patient to a patient room or the Emergency Department as soon as possible.
4. Critical test result is defined as:

ECHO

- A positive finding of a new thrombus/ new mass in the heart found during a routine echo, within 1 hour.
- A large pericardial effusion or evidence of cardiac tamponade physiology found during a routine echo, within 1 hour.
- Significantly reduced right or left ventricular systolic function, within 1 hour.
- Severely enlarged right ventricle, suspicion of pulmonary embolism, notify within 1 hour.
- Severe, unknown aortic stenosis, notify within 1 hour.

STRESS

- New ischemia with unstable angina, within 1 hour.
- Unstable arrhythmias within 1 hour.

HOLTER

New arrhythmia noted when scanning a Holter or interpreting event recorder rhythm strips, within 1 hour of scanning. Arrhythmias are defined for this purpose as:

- Narrow complex tachycardia greater than 150 beats per minute for greater than 30 seconds.
- Pauses greater than 3 seconds.
- Second and third degree heart block.
- Pacemaker failure
- Wide complex tachycardia of 200 beats or greater with a duration of 4 beats or more.
- Wide complex tachycardia of 160 beats or greater with a duration of 20 beats or more.

EKG -Immediate notification within 5 minutes:

- New ST segment elevation 1mm or more in two contiguous leads on 12 lead EKG.
- New ST segment depression of 2mm or more in two contiguous leads on 12 lead EKG.
- Heart rate less than 30 beats per minute for any reason on EKG.
- Sustained ventricular tachycardia, and /or torsade de pointe on EKG.

5. Documentation for each area reporting critical results will be in the Heart and Vascular Center Critical Results Report Folder located in the Z drive of our computers.

<b>Approved by:</b>		<b>Review/Revision Date:</b>	
<u>/s/</u>	<u>03/16/2022</u>	10/85	3/2022
Todd Korzec, RN Director Cardiovascular Services	Date	10/86	
<u>/s/</u>	<u>03/16/2022</u>	10/87	
Samer Khouri, MD Director , Non- invasive Cardiac Imaging	Date	10/88	
<u>/s/</u>	<u>03/16/2022</u>	10/89	
Christine Stesney-Ridenour, FACHE Chief Operating Officer- UTMC	Date	10/90	
<i>Review/Revision Completed By: Todd Korzec Heart Station</i>		10/91	
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		<b>Next Review Date: 3/2025</b>	
<b>Policies Superseded by This Policy:</b>			