Name of Policy:	**Physician notification of adverse reactions or abnormal test results**	THE UNIVERSITY OF TOLEDO **MEDICAL CENTER**
Policy Number:	3364-136-03-06	
Department:	Pulmonary Services	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director, Pulmonary Services	
Scope:	The University of Toledo Medical Center Pulmonary Services Department	**Effective Date: June 1, 2023** Initial Effective Date: 12/1/2004

_____	New policy proposal	__x__	Minor/technical revision of existing policy
_____	Major revision of existing policy	_____	Reaffirmation of existing policy

(A)   Policy Statement

All Respiratory Care staff will follow the guidelines for appropriate physician notification of adverse reactions to therapy or abnormal test results as established herein.

(B)   Purpose of Policy

To establish a procedure for the purpose of physician notification in the event of adverse reaction to therapy, or abnormal test results; ensuring that these concerns are properly reported to the appropriate physician staff.

(C)   Procedure

If there are special concerns that need to be immediately reported to a physician regarding any patient being seen by Respiratory Care, such as adverse reactions to therapy, critical values on blood gas results, pulmonary function studies, or alterations in care, the following action will be taken:

1) The Respiratory Practitioner will immediately contact the Registered Nurse responsible for the patient's primary care.

2) The Respiratory Care Practitioner and/or Charge Therapist/Manager will then contact the ordering Physician/provider.

3) If the resolution to the problem requires a higher-level intervention, the Respiratory Care Charge Therapist or Manager will contact the Medical Director of Respiratory Care and inform.

Approved by:		Review/Revision Date:
		06/10/1996
		07/24/1998
/s/ _____	06/22/2023	10/04/1999
Michael Taylor	Date	06/20/2001
Director, Pulmonary Services		11/12/2004
		08/29/2007
		08/11/2010
/s/ _____	08/01/2023	08/07/2012
Shahnaz Rehman, M.D.	Date	12/01/2015
Medical Director		04/08/2019
		06/01/2023
/s/ _____	06/29/2023	
Russell Smith	Date	
Senior Hospital Administrator		
Review/Revision Completed By:		
Director, Pulmonary Services		**Next Review Date: June 1, 2026**
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.