

**ALLINA HOSPITALS AND CLINICS  
MEDICAL LABORATORIES  
CRITICAL VALUES – HEMATOLOGY, COAGULATION & URINALYSIS**

**Critical Value** describes a lab test result that may indicate a life-threatening situation; immediate notification, within 10 minutes, of the physician directly or to the RN is required. Additional circumstances where immediate notification is required may also be included in this document.

**Reporting Requirements:** Confirm results at lab level by checking patient ID and sample # on tube, checking sample integrity, repeating the test and noting previous results. If results do not make sense, a call to the patient's nurse or provider, verifying clinical plausibility is appropriate. If not, a redraw or repeat on another instrument may be necessary before reporting final results. Be sure to check if other departments need a new specimen when a redraw is required.

**Inpatient:** As soon as critical values are confirmed, telephone results within 10 minutes, regardless of the time of day. Stats will automatically be broadcast to the station printer.

**Reference Lab Client:** Call the critical value to Reference lab staff and they will report it to the physicians office or nursing home. If the reference Lab staff is not available-late evenings and weekends- call the physician's answering service, regardless of the time of day.

**Hematology, Coagulation & Urinalysis: In addition, record in "Private Comments" the test called, name of the person you spoke to, patient location, Date/Time and your Tech ID.**

TEST	LOW CRITICAL VALUE	HIGH CRITICAL VALUE	EXCEPTIONS
WBC	< 2.0 X 10 <sup>3</sup> /cumm	>50 X 10 <sup>3</sup> /cumm	
WBC Newborn*	<5.0 X 10 <sup>3</sup> /cumm	>35 X 10 <sup>3</sup> /cumm	
Hgb Adult	<8.0 gms/dl	>20 gms/dl	
Hgb Newborn*	<13.5 gms/dl	>24 gms/dl	
Platelet Count	<20,000/cumm	> 1 Million	
Platelet Count Newborn*	<50,000/cumm	>1 Million	
Platelet Count (peds-oncology)	<5,000/cumm	>1 Million	
Blasts	Any seen		Previously reported
Ehrlichia	Any Seen		
CSF- WBC		>5 cells/cumm	
INR		>5.0	
INR Newborn*		>1.3	
aPTT Inpatient		>200 seconds	
aPTT Outpatient		>60 seconds	
aPTT Newborn*		>60 seconds	
Fibrinogen	<100 mg%		
Fibrinogen- 0-15yrs	<80 mg%		
Heparin Antibodies		Positive, Indeterminate	
Heparin		>1.0 units/ml	
LMH		>1.1 units/ml	
D-Dimer		>4.0 mcg/ml	
Factor X Chrom	<15 %		
Lepirudin		>2.0 mcg/ml	
UA-Reducing Substances		Positive ≤ 12 months	
UA-Glucose and Ketones		Positive	Both must be positive
UA-Glucose-Pre-op		≥ 500 mg/dl	
UA-Protein- Pre-op		≥ 1+	

\* Newborn defined as 0-28 days.