

Critical Test Results (Values) Chemistry

A I . I .	Pediatric	A 1 11	Nation
Analyte	(birth to 18 if not specified)	Adult	Notes
Ammonia	>100 ucmol/L	>100 ucmol/L	
Arterial pH	<7.110, >7.590 <7.110, >7.590		
Amylase Level	N/A	>400 IntU/L	
Bile Acids Total	N/A	≥100 mcmol/L	
Bilirubin, Total	> 15.0 mg/dL > 19.9 mg/dL		
Calcium	Birth-1 Yr < 6.0 mg/dL, > 13.0 mg/dL	< 7.0 mg/dL, > 12.0mg/dL	
CO2	N/A	≥13 Yr ≤10 mmol/L	
CPK total	N/A	>1000 IntU/mL	
Glucose	Birth-5 Day < 30 mg/dL, >300 mg/dL 5 Day-12 Yr < 50 mg/dL, >300 mg/dL	< 50 mg/dL, > 500 mg/dL	
Glucose, CSF	< 40 mg/dL, > 80 mg/dL	< 40 mg/dL, > 80 mg/dL	
HIV P24 Ag or Ab (DOH)	Confirmed Positive	Confirmed Positive	
Lactic Acid	N/A	>2 mmol/L	
Lithium Level	N/A	>1.49 mmol/L	
Magnesium	< 1.0 mg/dL, > 7.0 mg/dL	< 1.0 mg/dL, > 6.0 mg/dL	
Phosphorus	< 1.0 mg/dL	< 1.0 mg/dL	
Protein, CSF	0-8 Day < 40 mg/dL, > 120 mg/dL 8 Day – 1Mth < 20 mg/dL, > 80 mg/dL 1 Mth- 12 Yr < 15 mg/dL, > 40 mg/dL	< 8 mg/dL, > 40 mg/dL	
Potassium	0 Day-1 Mth < 2.4 mmol/L > 6.4 mmol/L 1 Mth-12Yr <3.0 mmol/L, > 6.0 mmol/L	<3.0 mmol/L, >6.0 mol/L	
Sodium	< 12 Yr < 125 mmol/L, > 150 mmol/L	126 mmol/L, >160mmol/L	
Troponin-Hs	≥ 64 ng/L Delta ≥ 10 @ 2hours Delta ≥ 15 @ 4 hours	≥ 64 ng/L Delta ≥ 10 @ 2hours Delta ≥ 15 @ 4 hours	
MUST CALL OR FAX BUT	NOT CRITICAL TEST RESULTS		
Fetal fibronectin (FFN)	N/A	Positive	
HBsAG	N/A	Confirmation performed at W&I. Results called when confirmation is complete.	
Meconium drug screen w/confirmation	Positive	N/A	
Urine Drug screen	New Positive (Inpatients only)	New Positive (Inpatients only)	N/A for Butler patients
Syphilis Antibody screen	Preliminary positive	Call once confirmed positive from RIDOH	Preliminary positive for Butler patients



Therapeutic Drug Critical Values

Drug	Therapeutic Range	Critical Value
Gentamicin	Peak: 5.0 – 10.0 mcg/mL	Trough >2.0 mcg/mL
	Trough: 0.5 – 2.0 mcg/mL	
Phenobarbital	15.0 – 40.0 mcg/mL	> 60.0 mcg/mL
Valproic Acid	35.0 – 100 .0 mcg/mL	>200 mcg/mL
Vancomycin	Peak: 20.0 – 40 .0 mcg/mL	Trough > 20.0 mcg/mL
	Trough: 10-20 mcg/mL	

Hematology, Coagulation & Urinalysis

Analyte	Pediatric	Adult	Notes
	(birth to 18 if not specified)		
Absolute Neutrophil Count	<0.5 (x10 ³ mcL) Neutropenia	<0.5 (x10 ³ mcL) Neutropenia	
Anti-Xa UF	≥0.8 IU/mL	≥0.8 IU/mL	
Anti-Xa LMW	≥1.0 IU/mL	≥1.0 IU/mL	
Blasts on peripheral smears	Any amount	Any amount	
Blood parasites	Ring form seen	Ring form seen	
Hemoglobin	Birth - 30 Days <12.0 g/dL 1 Mth - 2 Mth <9.0 g/dL > 2Mth -14 Yr < 8.0 g/dL > 14 Yr <7.0 g/dL	<7.0 g/dL	
Platelets	Birth -14 Yr <100 (x10 ³ mcL) >14 Yr <50 (x10 ³ mcL)	<50 (x10 ³ mcL)	
PT-INR	>5.0 secs	>5.0 secs	
Partial Thromboplastin Time	>100 secs	>100 secs	
WBC (x10 ³ mcL)	Birth-1 Day <2.5, ≥32.0 (x10³mcL) Day 1-Day 7 <2.5, ≥36.0 (x10³mcL) >Day 7 <1.0, ≥50.0 (x10³mcL)	<1.0; ≥50.0 (x10³mcL)	
MUST CALL OR FAX BUT NOT			
Serum, Urine Pregnancy			Call all Butler positives



Transfusion Service

Test or Procedure	Critical Finding	Notes
Antibody Titer	≥ 1:8	
Transfusion Reaction Workup	Hemolysis or red blood cell incompatibility	
Crossmatch (post-release) Discovery of an incompatibility upon completion of		
	testing during an emergency release situation	

Microbiology

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Test or Procedure	Critical Finding	Notes	
Amniotic Fluid Gram Stain	Positive		
Blood Culture	Positive		
CSF Gram Stain/Culture	Positive		
NICU Preliminary Urine Culture	Positive		
Invasive Group A Streptococcus cultures (urine, soft tissue, sterile sites)	Positive		
MUST CALL or FAX BUT NOT CRITICAL TI	EST RESULTS		
Sterile body fluid, gram stain	Positive		
Staph aureus (MRSA)	Methicillin-resistant	In-patients, NICU screens, implant screens, positive MRSA DNA results	
Enterococcus (VRE)	Vancomycin-resistant		
Staph aureus isolates	Suspected VRSA/VISA		
ESBL isolate (extended spectrum beta- lactamase)	Positive	Inpatients	
CRE isolate (carbapenemase-resistant Enterobacteriacae)	Positive	Inpatients	
Stenotrophomonas maltophilia		Inpatients	
Neisseria meningitidis			
Viral culture, DFA or PCR	Positive	W&I NICU	
HSV culture/PCR	Positive	Women of child-bearing age	
C. difficile toxin by PCR (including EIA confirmatory assay)	Positive		
Enteric pathogen culture	Positive		
Strep A, Rapid or Culture	Positive		
AFB results (smear and/or culture)	Positive		
GC culture	Positive		
GC or Chlamydia PCR test	Positive		
Chlamydia culture	Positive		
Pneumocystis jirovecii dfa result	Positive		
Legionella	Positive		



Mycoplasma/Ureaplasma culture	Positive	
Ova & Parasite results	Positive	
Candida auris isolates	Positive or suspected	

Note: In accordance with MIC 113.1, the Rhode Island Department of Health will be notified if an Agent of Bioterroism is isolated.

Prenatal & Special Testing

Test or Procedure	Critical Finding	Notes
N/A	N/A	There are no critical values defined at this time

Anatomic Pathology and Cytology

Test or Procedure	Critical Findings	
Tissue or fluid examination, to include frozen	Any unexpected diagnosis of malignancy	
section consults		
Exam for Products of conception	Negative for Products of Conception	
Endometrial biopsy or curettings	Presence of adipose tissue	
Anatomic pathology examination	 Any unexpected organ or tissue in a specimen; Any significant change in pathological diagnosis detected by department quality assurance indicators 	
Cytology	 A new or unexpected malignancy; Viral cytopathic changes of Herpes in Pap smear in a pregnant patient; Corrected reports affecting patient management; Bacteria or fungus in NON-GYN specimen of an immunocompromised patient; Bacteria or fungus in cerebrospinal fluid 	