



## Children's Hospitals and Clinics of Minnesota *Laboratory Critical Values Q & A*

### **General Questions:**

**Q: How is this new critical value policy different than the previous policy?**

**A:** The laboratory's previous policy required laboratory staff to call only the first critical result occurring each calendar day.

For example, a critical sodium value, collected on 12/29/11 at 0800, was called to the unit. Any subsequent repetitive critical sodium value for this patient, on 12/29/11, was not called for the remainder of the day. The next critical sodium value was not called to the unit until 12/30/2011.

**Q: Is calling critical values based on the patient's clinical encounter?**

**A:** Critical value reporting is based on each patient's clinical encounter.

For example, if a patient has laboratory work drawn by a homecare nurse and a critical value is identified and called to homecare and the patient later presents to the ED, this is a separate encounter which requires the laboratory to call the next identified critical result to the ED.

**Q: If I am a nurse in a critical care unit, will I be receiving additional phone calls?**

**A:** Yes, you may receive additional phone calls based on the patient's status. The laboratory anticipates there will be an average increase of ten calls per day for both Minneapolis and St. Paul campuses combined.

**Q: Does this change the reporting of Point of Care critical values?**

**A:** Please contact your medical director or attending physician for clarification.

**Q: If one of my colleagues is not working on January 3<sup>rd</sup>, how will she be notified?**

**A:** Notification will be provided to staff according to the unit's standard communication process, which may include: Posting of the memo, DES board, huddles and emails.

**Any questions or concerns should be directed to:**

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