



Danbury Hospital  
Department of Pathology & Laboratory Medicine  
*Technically Speaking*

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## FREQUENTLY ASKED QUESTIONS:

**Question: What is a critical value? What parameters are used for notification?**

**Answer:** A "critical" value is a Laboratory test result that is considered to be of imminent danger to the patient. All critical values are abnormal but all abnormal values are NOT critical.

The laboratory has a defined procedure for critical/alert values by test. It is the expectation that any value listed in this policy will be called to the appropriate care provider. The laboratory standard is to call 100% of the critical results within 5 minutes from obtaining the results.

**Question: What can be expected when a test is ordered as STAT ?**

**Answer:** The medical staff & the laboratory jointly have defined a list of tests which can be performed as STAT. The TAT (Turn Around Time) is dependent upon the length of time it takes to actually "run" the test & varies based upon test methodology & instrumentation. The usual TAT for Stat tests varies from minutes to 2 hours from receipt of sample depending on the type of test.

**Question: What do you do should you find conflicting information about a test i.e. you know you sent a CBC to the lab but when you call they have not received the sample and/or do not have any results?**

**Answer:** It is important that discrepancies are investigated promptly as there may be an information system problem and/or an error involving patient care i.e. mislabeled tube. Ask to speak to the Technical Specialist or Charge Tech (available 24/7) to help resolve the issue.

**Question: How are labels used during testing?**

**Answer:** Each label contains much needed information i.e. medical record number, date and time of collection, order priority, and a bar-code. The bar-code is used by most laboratory equipment. Each piece of equipment "reads" the bar-code and this "tells" the instrument what tests to do on which patient. If this bar-code is not placed properly and/or if the barcode is overwritten, the instrument will not be able to read the bar-code and errors can occur. It is essential that the correct bar-code label is used & be properly placed on the tube. The label should be adjacent to the cap (See Figure A) and ALL written information must be either above or below the bar-code (See Figure B).

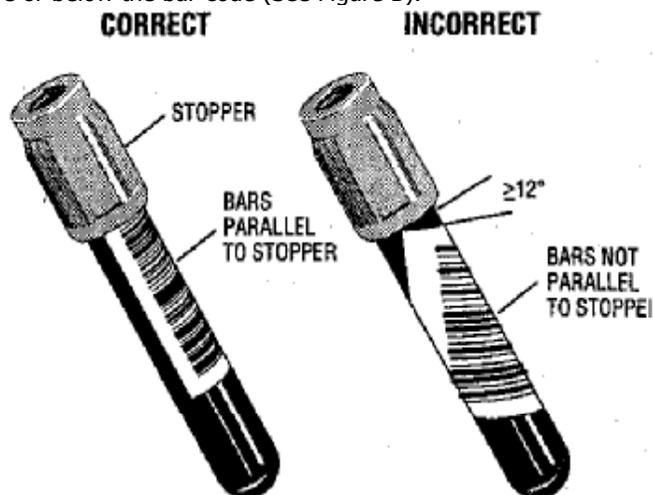


Figure A

**REQUIRED – DATE, TIME, AND INITIALS**

(00000)0749242 <sup>130</sup> PP RT/RT  
TEST, CERNER  
11ES 1E12-01 23 M 12APR05 0726  
  
05-102-0001  
-CBC -PLT CT -P-EST -S FLAGS  
5.0ML LAV TOP HEMATOLOGY

**WRITTEN ABOVE OR BELOW BARCODE ONLY!!**

Figure B

**Question: Can we use a 6 am nurse collect label for a 4 am draw?**

**Answer:** Yes, providing you document date/time of draw on the label. This documentation should be placed above or below the bar code. Regulatory requirements state that all specimens must be identified with date and time of collection as well as the identity of the person who collected the sample.

**Question: Can Phlebotomy use a Nurse Collect label?**

**Answer:** Yes, If Nursing is not able to collect the sample phlebotomy can use the label without a problem. If the patient has future nurse collect orders and the status of the patient has changed i.e. pic line removed, then the future orders must be cancelled and reordered for laboratory draws. The laboratory does NOT need to follow up on orders placed as Nurse Collect.

**Question: What is the date/time that prints on the nurse collect label?**

**Answer:** This reflects the "requested date/time" of collection. It is important that the correct label is used for labeling. It is not uncommon for the label for 3/27/05 to be placed on a tube drawn 3/26/05. This can lead to misinterpretation of laboratory results; you must use the correct label keeping in mind that you must also write the date and time of collection as well as you initials above or below the bar-code

**Question: How can we better control the 'extra' labels that print?**

**Answer:** Each Nursing Unit should have a system in place to track labels that print for Nurse Collect specimens. This system is needed to help avoid the scenario described above.

**Question: How do we order APTT/TDMs when protocol is for q 8 hours & blood draws only occur at 6am-10am-2pm-6pm-10pm-2am?**

**Answer:** Refer to the Nursing protocol for direction; if questions do arise calls to CPOE @ 739-6465 should help resolve the problem.

**Question: Why is second blood type necessary for patients receiving transfusions?**

**Answer:** Transfusion errors can KILL & it is general knowledge that these errors occur at the time of patient identification (most often at the time of the draw). Requiring a second blood type on a sample drawn at a different time provides the patient with an added measure of safety that a mislabeled sample was not used in the selection of blood products for transfusion. This second type is not required for patients which we have previous blood type records or if there is another sample in the laboratory that was drawn at a different time. (Reminder that at the time of administration, two nurses are required to perform patient identification!)

**Question: How can we get better follow-up from the laboratory when we generate an Adverse Event Report?**

**Answer:** The laboratory responds to Adverse Event Reports as soon as we receive them. The laboratory has begun to send a copy of the investigation to the Nurse manager of the Nursing Unit to provide prompt feedback.

**Question: How long can specimens collected for culture or urinalysis wait before being transported to the lab?**

**Answer:** Regulations require that urine specimens collected for culture and/or urinalysis be received in the lab within 2 hours of collection. In addition, stools for culture, ova and parasite, or viral culture should also reach the lab within 2 hours. Any sterile body fluid contained in a cup or syringe (with needle removed) should be transported as soon as possible. Swabs are more stable but ideally should reach the lab within 6 hours, unless Neisseria gonorrhoeae is suspected in which case, the specimen (swab or fluid) must be transported immediately. As a reminder, all specimens for culture also need date and time collected written on the label.

