



Danbury Hospital
Department of Pathology & Laboratory Medicine
Technically Speaking

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Cerner Millennium “go live” February 4th, 2008.

Changes in interfaces to begin during the evening of February 3rd. At 10 PM the orders interface will be shut off. Universal requisitions will be required for all laboratory and radiology test orders. The Cerner Millennium order interface is expected to be turned on and live at about 1AM on February 4th. Millennium issues? Call the **Hotline at 739-4360**.

Please note some of the changes that will be apparent with the new system:

Reports: Fonts are bigger so reports are easier to read. Layouts are consistent with current Cerner Classic formats.

The **Blood Bank** reports a new “look” on transfusion tags; Blood Bank samples will be usable for **3 days** instead of the previously noted 72 hours. The day of draw will be counted as **day 0**.

New Hematologic parameters to be reported in Millennium:

Beginning Monday, February 4, 2008, the following parameters will be reported from the Core section of the laboratory:

Reticulocyte hemoglobin equivalent (RET He) is used to monitor erythropoiesis or RBC production in the bone marrow. It is also an effective monitor for Erythropoietin therapy and may be used to monitor athletes for the use of performance enhancing drugs.

Reference range: 28.2-36.6 pg

Immature reticulocyte fraction (IRF): Reference range: Female; 3.0%-15.9% and 2.3%-13.4% for males. Uses for the IRF include indicating drug toxicity (AZT), monitoring bone marrow regeneration, monitoring Epo therapy (renal failure, AIDS, infants, myelodysplasia, autologous blood donation), monitoring neonatal transfusion needs and prognosis in anemia of prematurity, monitoring renal transplant engraftment, monitor response to B12, folate or iron, aplastic crisis in hemolytic anemia/Sickle Cell, TTP vs ITP. Both the RET He and the IRF will be reported when a reticulocyte count is requested.

Mean platelet volume (MPV): Reference range: 9.4-12.3 fL will be available whenever a CBC is ordered

Immature platelet fraction (IPF) captures a fraction of newly released platelets from the bone marrow. It is used to monitor thrombopoiesis in transplant patients or in patients recovering from chemotherapy. Additionally, the parameter is used to monitor the effectiveness of platelet transfusions. Reference range: 0.9%-11.2 % .

The IPF will be reported when a platelet count only is requested.

New offerings from the Microbiology Section –

Urine Reflex – a urinalysis dipstick will be performed and, if negative, no additional tests (macroscopic or culture) will be performed. If the dipstick is positive for any of the following: blood, protein, glucose, nitrite, leukocyte esterase, pH is >8.0 or specific gravity is >1.035, a macroscopic and a culture will be performed.

R/O Group B Beta Strep – urogenital sources can be ordered using **C_GBBS** or indicating on the requisition **R/O GBBS**. **C_STREP** will be used for throats and other sources when Group A Beta Strep (GABS) is suspected.

R/O MRSA- (Methicillin Resistant Staph Aureus)- Bacterial culture for MRSA from any source can be ordered using **C_STAPH**.

R/O VRE- (Vancomycin Resistant Enterococcus)-any source can be ordered using **C_VRE**

Reminders:

- Please draw one tube for each label that prints for patient testing. This enables staff to move specimens more quickly in the laboratory. If there is a concern about volume, remember most tubes do not need to be completely filled. **Note:** Blue stoppered tubes for coagulation testing and SST tubes for ionized calcium **MUST** be completely filled.
- **Please do NOT write on barcodes on specimen tube labels.** Analyzers cannot read the barcode correctly if there is writing on the barcode. Please sign off under the test(s) listed on the tube.

Laboratory outpatient manual updates

Laboratory Client Service representative, Sandi Smith, announces the distribution of updates to the Laboratory Manual. Updates will be distributed via courier or by mail beginning the week of February 4th, 2008. Questions may be directed to Sandi Smith at (203)-739-7800.

HIV Consent Forms

In keeping with compliance initiatives, effective immediately, HIV tests will not be collected or performed for patients who do not have a signed consent form. Patient's who have tested positive for HIV previously, require a consent form with Section "F" checked off.