

**UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: P 1.01

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PATIENT SAFETY SYSTEM/PSS: DOWNTIME PROCEDURE

Effective Date: 05/12/08

- POLICY:** In the event of interruption of service of the Patient Safety System/PSS CMHC staff shall ensure continuity of care by using a paper-based process.
- PROCEDURE:** If unable to process orders using the Patient Safety System/PSS, staff shall revert back to manual paper requisitions (UCHC Radiology Requisition HCH 576/Laboratory Medicine Requisition HCH 812).
- DEFINITION:** Patient Safety System Downtime is the interruption of service in the Patient Safety System/PSS.
- REFERENCES:** CMHC Patient Safety System/PSS User's Manual (Rev.3/2008).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

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PATIENT SAFETY SYSTEM/PSS: INMATE ADMISSION/QUICK ADMIT

Effective Date: 05/12/08

POLICY: CMHC staff shall ensure that an established inmate health record (HR) exists in the Patient Safety System/PSS. All inmates admitted from the community to an intake facility and who will require orders for laboratory, radiology, or pharmacy services prior to the next routine OBIS feed (around 2:00 am), require the initiation of /or reactivation of a Patient Safety System/PSS HR.

DEFINITIONS: An Inmate Admission is the creation of a new PSS HR for the initial incarceration of an individual to CDOC, or the new admission of a former inmate who has no established PSS HR (discharged prior to June 14, 2004).

A Quick Admit is the reactivation of a previously established PSS HR.

PROCEDURE: CMHC staff shall enter the inmate current incarceration date, facility, and housing location following the instructions in the PSS User Manual.

REFERENCES: CMHC Patient Safety System/PSS Net User's Manual (Rev.3/2008)

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

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PATIENT SAFETY SYSTEM/PSS: TRANSFER OF INMATES

Effective Date: 05/12/08

POLICY: CMHC staff at the sending facility shall update the Patient Safety System/PSS location information of any inmate who is transferred from one DOC facility to another or from a DOC facility to a Halfway House or from a DOC facility to an acute care facility.

DEFINITION: A transfer is the manual process of changing an inmate location in the Patient Safety System/PSS.

PROCEDURE: CMHC staff shall follow the instructions in the Patient Safety System/PSS User Manual to update an inmate location.

REFERENCES: CMHC Patient Safety System/PSS User's Manual (Rev. 3/2008).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

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PATIENT SAFETY SYSTEM/PSS: PHYSICIAN/PRESCRIBER CO-SIGNATURES

Effective Date: 05/12/08

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) requires all telephone orders placed in the Patient Safety System/PSS to have co-signatures documented.

Physician /Prescriber electronic co-signature for telephone orders is required within 72 hours or, when a physician is not on site, during the next physician visit. The electronic co-signature will carry a date and time.

PROCEDURE: The Physician/Prescriber co-signature function of the Patient Safety System/PSS can be completed by following the procedure outlined in the CMHC Patient Safety System User Manual.

REFERENCES: UConn Health Correctional Managed Health Care Policy and Procedure Manual, E 14.01 Prescriber Orders.

CMHC Patient Safety System/PSS User Manual (Rev. 3/2008).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
LABORATORY MANUAL
FOR USE IN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER P 1.05

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LABORATORY TEST ORDERING AND RESULTS REPORTING

Effective Date: 11/24/08

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure for Connecticut Department of Correction (**CDOC**) inmates the required laboratory tests are ordered and the results from laboratory testing are available for review, and filed in the inmates' health record.

PROCEDURE: **LABORATORY ORDERS:**
All CMHC Health Service Units with the ability to place laboratory orders electronically using the Patient Safety System (PSS) shall submit laboratory orders to the Department of Laboratory Medicine using the PSS.

CMHC Health Service Units that experiencing a "Downtime" or "interruption of service" with the PSS should place orders by the manual process of using a paper requisition, **Form HCH – 812, Laboratory Medicine Requisition, see attachment.**

All information requested on the paper requisition shall be completed. The inmate's identification number shall be used and shall have the prefix I00 (capital I) to identify the referral source as CDOC. The identification number should contain nine (9) digits. For example, I00123456.

LABORATORY TEST ORDERING AND RESULTS REPORTING

Each requisition shall have the following information:

CMHC Information

Inmate Name
 Inmate Identification Number
 Requesting Physician
 Inmate Date of Birth
 Sex of Inmate
 Name of Inmate's facility
 Health Service Unit Phone Number
 Date Drawn
 Time Drawn
 TECH ID

RESULTS:

Laboratory test results shall be available electronically in the Patient Safety System (PSS) Lifetime Clinical Record (LCR). Results shall be printed, reviewed, dated and signed by a prescriber, and filed in the inmate health record.

All critical laboratory test results shall be reported to the facilities by the UCHC Laboratory staff as stated in their Department of Laboratory Medicine Policy: Reporting of Critical Values. Once the result has been authenticated, the Laboratory staff will immediately place a telephone call to the location of the patient as stated on the requisition form. The Laboratory staff will ask to speak to the requesting physician (as stated on the requisition form) or to a nurse working in the CMHC facility. The critical results shall be reported to a licensed care provider. A licensed CMHC care provider shall immediately notify a prescriber of the critical value and document the notification in the inmate health record.

See attached Form HCH – 812, Laboratory Medicine Requisition

See attached UCHC Laboratory Medicine Policy: Reporting of Critical Results

REFERENCE: UConn Health John Dempsey Hospital Laboratory Manual

Approved: UConn Health - CMHC

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu, MD _____

Title: CDOC Director Health Services, Kathleen Maurer, MD _____

UNIVERSITY OF CONNECTICUT HEALTH CENTER

263 FARMINGTON AVE, FARMINGTON, CT 06030

LABORATORY MEDICINE REQUISITION HCH-812

LICENSES: CT #HP-0213 / CLIA #07D0092519

REV. 6/08

CORRECTIONAL FACILITY

TEL NO.

PR #

Under current Federal and State regulations (Reg. No. 5 Subpart M405 1315(c), all requests for laboratory procedures must be in written form and signed by the authorizing physician.

AUTHORIZING PHYSICIAN NAME (SIGNATURE)

PATIENT NAME (LAST, FIRST, M.I.)

DATE OF BIRTH	INMATE I.D. #	SEX: M	RACE: W	B	H
		F	A	I	U

TECHNICAL NOTES AND INSTRUCTIONS

DATE DRAWN	TIME DRAWN	STAT	TECH ID
		FASTING	

PLEASE PLACE HIV INFORMED CONSENT LABEL BELOW

PLEASE (X) DESIRED PROFILES/INDIVIDUAL TESTS

DOCAP ADMISSION PROFILE ** 2 S,L

GFR GFR (Estimate)**

(CBCSC, CHEM7, Hepatic Func Panel, RPR (w/reflex titer))

DOCHP CHRONIC HEP SCREEN ** S

(Hep B Core Ab, Hep B Surf Ab, Hep B Surf Ag, Hep B Surf Ab Quant, Hep C Ab)

DOCPR PRENATAL PROFILE ** 3 S,L,R

GFR GFR (Estimate)**

(Adm Profile, Chronic Hep Screen, Rubella IgG Ab)

DOCTN THYROID PROFILE ** S

(Free Thyrox, Index, T-Uptake, T3, T4, TSH)

DOCDP TOXICOLOGY PROFILE **

(Cocaine, Marijuana (THC), Opiates (incl. Codeine & Morphine))

DOCTP T-CELL PROFILE 2L

(Total T-Cell Count, CD4/CD8 Panel)

ALBAU	ALBUMIN	S
ALP	ALK. PHOSPHATASE	S
AMY	AMYLASE	S
ALT	SGPT	S
AST	SGOT	S
BILTD	BILIRUBIN, T&D	S
BUN	BLOOD UREA NITROGEN	S
CBCSC	CBC W/AUTO DIFF	L
CHOL	CHOLESTEROL	S
CREAT	CREATININE	S
GFR	GFR (Estimate)**	S
CK	CREATINE KINASE	S
LYTE	ELECTROLYTES**	S
	(Sodium, Potassium, Cl-, CO2)	
GLU	GLUCOSE	S
GLU59	GLUCOSE, 59 GM CHAL	S
GLYCH	GLYCOHEMOGLOBIN A1C	L
LDH	LDH	S
LIPA	LIPASE	S
TRIG	TRIGLYCERIDES	S

THERAPEUTIC DRUGS ONLY RED TOP TUBE ACCEPTED

DIGXN DIGOXIN R

PTN DILANTIN (PHENYTOIN) R

LI LITHIUM R

PHENO PHENOBARBITAL R

CARB TEGRETOL (CARBAMAZEPINE) R

VALP VALPROIC ACID (DEPAKOTE) R

ADDITIONAL TESTS - PLEASE PRINT TEST NAME/TECHNICAL NOTES

URINE/FECAL ANALYSIS**

CDAG C. DIFFICILE TOXIN

O & P OVA & PARASITES

FECC STOOL CULTURE

URC URINE CULTURE

UMACR URINALYSIS, MACRO

MICROBIOLOGY

S STRSN BETA STREP SCREEN

S BAFBA BLOOD CULT (AFB) (ISOLATOR)

S BLDCU BLOOD CULTURE (ROUTINE)

S SITE: _____

S CANDC CANDIDA SCREEN

S FDERM DERMATOPHYTE CULTURE

S FUNGC FUNGAL CULTURE

S SOURCE: _____

W CTPCR CHLAMYDIA PCR

S GCPCR GC PCR

S GENC GENITAL CULTURE

S SOURCE: _____

B HSVC HERPES CULTURE

B SOURCE: _____

S RESPC SPUT. CULT & GRAM STAIN

L VIRG VIRAL CULTURE

L SOURCE: _____

S WNDG WOUND GRAM STAIN & CULT

S SOURCE: _____

B=Blue Top, 4.5 ml on Ice
>4 hours, separate & freeze

G=Green, 3 ml on Ice
L=Lavender Top, 3 ml

R=Plain Red Top, 5 ml
S=Gold Top (SST Tube), 3.5 ml

W=White (PPT), 5 ml

* PLEASE FILL OUT PREMARIAL FORM

**PERFORMED PURSUANT OF PUBLIC ACT #06-120

DEPARTMENT OF LABORATORY MEDICINE
REPORTING OF CRITICAL VALUES

PRINCIPLE

A critical value is a laboratory result which is at such variance with the established reference interval as to represent a pathophysiologic state that is life-threatening to the patient unless immediate action is taken. It is the responsibility of the laboratory to promptly communicate these results to a responsible individual, with appropriate clinical skills, who is in close proximity to the patient. The results of all critical values obtained from patients in John Dempsey Hospital are to be called **by telephone** to the patient care area as listed by the ADT (Admission, Discharge, Transfer) system. Critical value results obtained from outpatients must be called to the location identified on the test requisition. The laboratory's obligation to speak to a responsible individual is the same for outpatients as it is for inpatients. Appropriate documentation must be entered into the LIS (laboratory information system).

The test menu for which critical values have been assigned by the laboratory directors is attached to the end of this procedure. Any critical values reported by reference labs to the Department of Laboratory Medicine will be communicated to appropriate personnel by the procedure that follows.

PROCEDURE

Inpatients:

All critical value results must be called and documented **within 15 minutes** of available result. Since critical value results are indicative of a life-threatening situation, where immediate medical action should be taken, every effort should be made to verify/confirm the result as soon as possible. See Notification Script below.

Outpatients:

8:30 AM to 4:30PM/5:00 PM (clinic hours)

All critical value results must be called and documented within 30 minutes. Since critical value results are indicative of a life-threatening situation, where immediate medical action should be taken, every effort should be made to verify/confirm the result as soon as possible. Calls are placed to the location of the patient as stated on the requisition form (Nephrology, S2E, SL4). See Notification Script below.

4:30 PM/5:00 PM to 8:30 AM (non clinic hours):

All critical value results must be called and documented within 30 minutes. Since critical value results are indicative of a life-threatening situation, where immediate medical action should be taken, every effort should be made to verify/confirm the result as soon as possible. Immediately place a telephone call to the page operator (679-2626) and ask for the physician covering the service. If the location code is the

Anticoagulation Clinic, please page the **Cardiology attending physician on call**. You must tell the operator that you wish to speak to the attending **not the fellow**. If the name and telephone number of the physician covering the service cannot be obtained from the page operator, notify the 2nd shift supervisor/administrator on call. If the physician identified by the page operator as covering the service refuses to accept responsibility for the result, record his/her name in the appropriate section of the call comment in the LIS and notify the supervisor/administrator on-call. See Notification Script below.

STORRS

8:30 am – 5:00PM:

If the order is placed by a **UCONN Health Services MD/Clinician**, and it is placed during a timeframe when the service is open for all three shifts the results should be called to the Clinic first at **860-486-0751**, or as a second option to the third floor desk at **860-486-0787**. See Notification Script below.

If the order is placed by an **Outside MD/Clinician**, the doctor's phone and fax number will be listed as part of the order. All outside orders carry a location of Outpatient (located in the Comment Field). The physician must be contacted directly. Follow procedure outpatient reporting critical results. See Notification Script below.

5PM – 8:30 am:

If Student Health is operating with limited shift and weekend coverage and if the order is placed by a **UCONN Health Services MD/Clinician**, the call should be made as follows:

- 1)Dr. Jeff Anderson (Medical Director)
Cell Phone: 860-617-0134 (call 1st) Home: 860-896-0332
- 2)Tina McCarthy (Interim Director of Nursing)
Cell Phone: 860-478-2486 (call 1st) Home: 860-429-7556
- 3)Mike Kurland (Director of Student Health Services)
Home: 860-487-0165 Cell 860-933-4924

The laboratory supervisor will inform UCONN Farmington of the dates and times when there is limited coverage at Student Health Services. See Notification Script below.

If the order is placed by an **Outside MD/Clinician**, the doctor's phone and fax number will be listed as part of the order. All outside orders carry a location of Outpatient (located in the Comment Field). The physician must be contacted directly. See Notification Script below.

DOC Results:

Call the facility and ask to speak to the nurse in charge. When the ordering facility does not have a

nurse available to take the call, refer to the following list of facilities to call as a back up to the primary facility.

Brooklyn – call Corrigan
Bergin – call Osborn
Radgowski – call Corrigan
Enfield – call Osborn
Gates – call York

NOTIFICATION SCRIPT

After the critical value is verified, immediately place a telephone call to the location of the patient as stated on the laboratory test requisition form (*i.e.* ICU, ED, Surg 7, Nephrology, S2E, SL4, Storrs *etc.*) according to the directions above and the time of day.

- Identify yourself using your first name and indicate that you are from the lab and have **a critical result** on patient XXXX.
- Request to speak to the requesting physician, primary care nurse assigned to the patient or any nurse.
- If Lab Medicine staff has been placed on hold for more than 3 minutes, hang up and page the ordering physician or whoever is covering for that provider. Document all calls in LIS. If no one calls back, notify the supervisor/administrative staff or administrator on call.
- Once someone comes to the phone, ask for the full name of the person taking the result and enter into the LIS call comment.
- Relay the results to the recipient by first identifying the patient to the recipient with 2 identifiers (medical record number (MRN), name and/or date of birth) and then giving the result.
- Have the recipient “read back” the MRN and the results to assure accuracy.
- Once they have read back the result, say “that is correct”. (if it is not correct, start all over)

The following must be recorded in the call comment.

- First initial and last name of the recipient of the call
- The telephone number called (if different from the telephone number in the pop-up screen)
- A brief description of the nature of the call (e.g., critical K to RN Jean Smith, read back) into the LIS (see section entering call comments below).

Entering Call Comments into the Laboratory Information System:

As the call is being placed, open the call list window in the result entry portion of the LIS (see below). Record the first initial and last name of the individual to whom the result was given. The LIS will capture the date/time/technologist initials.

I. From the **Results Screen**

1. Select the “Call” box

Order Info
 Order: 17290052 Prior: T Aux#:
 Collected: 07/29/2011 06:0
 Tests: GLU, BUN, CREAT, NA, K, CO2, CL, MG Call Comment(s) Spec Comm

Formulary

	T Ind	TA	Result	Units	FI	Flags	M	Prev R	Prev Date	Status	DateV	TimeV
1	GLU	⊕		mg/dl				134	7/28/2011	L D		
2	BUN	⊕		mg/dl				28	7/28/2011	L D		
3	CREAT	⊕		mg/dl				5.2	7/28/2011	L D		
4	NA	⊕		meq/L				138	7/28/2011	L D		
5	K	⊕		meq/L				3.7	7/28/2011	L D		
6	CL	⊕		meq/L				100	7/28/2011	L D		
7	CO2	⊕		meq/L				28	7/28/2011	L D		
8	MG	⊕		mg/dl				1.9	7/26/2011	L D		

2. Check the “called” box
3. With the call list window displayed select the drop down arrow in the “Person/Msg” field and select “Critical value of called/read back to” option.

Call

Doctor: 20258 MACATANGAY, CONSTANCIA (860)679-6296 Ext: Fax: (860)679-4613
 Ward: MED MEDICINE (860)679-2993 Ext: Fax: . .
 Call comm:
 Called: Ward MED
 Person/Msg: CRITICAL VALUE OF: CALLED/READ BACK TO: (860)679-2993 Ext: By: LKG
 07/29/2011 14:01

OK Cancel History

Person/Message:

Enter the first initial and last name of individual who received the critical value result as well as the telephone number to which the call was placed (if different from the number displayed in the call list window). Enter the critical result test name also. Verification information must also be included. The LIS will automatically log the date and time of the comments. The technologist's password will automatically document the individual placing the call.

4. After entering the appropriate information, select the "OK" box to save entries.

5. To see how many times the call was attempted; select the "History" box.

CRITICAL VALUES FOR CLINICAL LABORATORY TESTS

(See separate table for NICU Critical Values)

<u>Clinical Chemistry</u>	<u>Units</u>	<u>Low</u>	<u>High</u>
Serum calcium	mg/dL	≤6.6	≥12.9
Serum ionized calcium	mmol/L	< 1.00	≥1.55
Serum glucose	mg/dL	≤ 50	≥500
Serum phosphorus (inorganic)	mg/dL	≤1.0	≥7.5
Serum sodium	mEq/L	≤122	≥160
Serum potassium	mEq/L	≤ 2.8	≥5.9
Serum bicarbonate	mEq/L	<12	≥40
Serum blood urea nitrogen	mg/dL		≥120
CSF glucose	mg/dL	< 40	≥200
CSF protein	mg/dL		≥70
Acetaminophen	mg/L		≥200
Amikacin peak	μg/mL		≥36
Amikacin trough	μg/mL		≥11
Carbamazepine	mg/L		≥15
Digoxin	ng/mL		≥4
Ethanol	mg/dL		≥300
Gentamicin peak	μg/mL		≥11
Gentamicin trough	μg/mL		≥2.1
Lithium	mmol/L		≥1.6
Magnesium	mg/dL	≤ 1.0	≥ 4.9
Phenobarbital	mg/L		≥60

Phenytoin	mg/L		≥21
Salicylate	mg/dL		≥31
Theophylline	mg/L		≥21
Tobramycin peak	μg/mL		≥11
Tobramycin trough	μg/mL		≥2.1
Valproic acid	mg/L		≥101
Vancomycin peak	μg/mL		≥40
Vancomycin trough	μg/mL		≥25
<u>Hematology</u>	<u>Units</u>	<u>Low</u>	<u>High</u>
Blood hematocrit	%	< 21	≥60
Blood hemoglobin	g/dL	<7	≥20
Blood total leukocyte count (WBC)	WBC/uL		≥100,000
Blood platelet count	Cells/uL	< 20,000	≥1,000,000
Plasma prothrombin time	seconds		≥39.2 (INR ≥3.5)
Plasma partial thromboplastin time	Seconds		≥110
Fibrinogen	mg/dL	≤100	> 1000

<u>Blood Gas</u>	<u>Units</u>	<u>Low</u>	<u>High</u>
pH	%	< 7.190	>7.60
pCO ₂	mmHg	<19	>51
pO ₂	mmHg	<50	
HCO ₃	mmol/L	<12	>70
Hemoglobin (Total)	g/dL	<7	>20
COHb	%		>9

Microbiology Critical Values

1. Any **positive stains** (Gram Stains, AFB stains, or fungal stains) or any **positive cultures** (bacterial, AFB, fungal and viral) of **normally sterile body fluids**. (“Positive” means the presence of microorganisms)
 - a. Sterile body fluids include:
 - i. Blood cultures
 - ii. Joint (Synovial Fluid)
 - iii. Thoracentesis, pleural, ascities fluids
 - iv. Peritoneal fluid
 - v. Pericardial fluid
 - vi. Vitreous fluid
 - vii. Amniotic fluid obtained by amniocentesis
2. Any **positive culture** or **direct examination** of **cerebrospinal fluid**.

- a. Direct examinations on CSF include:
 - i. Gram stain
 - ii. Antigen detection (bacterial and cryptococcal)
 - iii. Fungal and AFB stains
3. **Any isolates** determined to be **ESBL** (Extended-Spectrum Beta-Lactamase producers) or **CRE** (Carbapenem-Resistant Enterobacteriaceae) from any source.

The **primary event** is considered the critical value. The follow up events are considered alert values. For example: a CSF gram stain with pleomorphic Gram negative bacilli is the critical value, while the culture from the same CSF, which grows *Haemophilus influenzae*, is still communicated to the provider, but as an alert value. The only times the follow up events are considered critical values is when the culture result is **different** from the Gram stain result or the culture results grows a microorganism which is a DPH laboratory **reportable disease**.

CRITICAL VALUES FOR NEONATAL INTENSIVE CARE UNIT (NICU)

CHEMISTRY	Units	Low	High
SODIUM	mmol/L	<130	>150
POTASSIUM	mmol/L	<3.0	>6.0
GLUCOSE	mg/dL	<40	>180
CSF GLUCOSE	mg/dL	<40	
TOTAL CALCIUM	mg/dL	<7.0	>10.8
IONIZED CALCIUM	mmol/L	<1.1	>1.4
MAGNESIUM	mg/dL	<1.3	>6.8
PHOSPHORUS	mg/dL	<2.0	
LACTATE	mmol/L		≥3.0
AMMONIA	umol/L		>90
T. BILI <1 DAY	mg/dL		>8.0
T. BILI 1-2 DAYS	mg/dL		>15.0
T. BILI >2 DAYS	mg/dL		>18.0
GENTAMICIN TROUGH	mg/L		>2.0
GENTAMICIN PEAK	mg/L		>12.0
GENTAMICIN RANDOM	mg/L		>10.0
PHENOBARBITAL	mg/L		>50
PHENYTOIN	mg/L		>20
	mg/L		>2.0
TOBRAMYCIN TROUGH	mg/L		>12
TOBRAMYCIN PEAK	mg/L		>10.0
TOBRAMYCIN RANDOM	mg/L		>10.0
VANCOMYCIN TROUGH	mg/L		>20

VANCOMYCIN PEAK	mg/L		>30.0
VANCOMYCIN RANDOM	mg/L		>30.0
HEMATOLOGY/COAGULATION			
HEMATOCRIT	%	<25	>65
PLATELET COUNT	(thou/mm ³)	< 50, 000	>1,000,000
WBC	(thou/mm ³)	< 5,000	> 30,000
PT INR	SEC		≥39.2
APTT	SEC		>100
Fibrinogen	mg/dL	<100	
Factor Assay	% activity	<20	
BLOOD GAS			
ARTERIAL pH		<7.20	>7.60
tCO ₂	mmol/L	<15	>35
MICROBIOLOGY CRITICAL RESULTS			
BACTERIOLOGY			
Positive spinal fluid smear			
Positive spinal fluid culture			
Positive blood culture smear			
Positive joint fluid culture			
MYCOLOGY			
Positive spinal fluid culture			
Positive Isolators (blood)			
Isolation of <i>Cryptococcus neoformans</i>			
Any smear with septate or aseptate hyphae except hair, skin or nails			