

<b>Document Identification</b>	B/LI/001	<b>Edition</b>	11	<b>Effective Date</b>	25 <sup>th</sup> September 2024
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**Test Values Currently Phoned to Wards/Clinicians**

**POINTS TO NOTE:**

- Results falling outside these defined limits AND where the patient has no previous history/ relevant clinical details OR when there is a significant change to previous results, will be telephoned to the requesting clinician/ location;
- This list IS NOT exhaustive – phoning of a result not on this list is at the discretion of the Scientist;
- All phoned results must be recorded as such in the patient notes or in the ‘Telephone’ function on APEX ensuring a record is made of the receiving person’s name (as per B/LP/003).

<b>ANALYTE</b>	<b>AGE RANGE</b>	<b>INTERNAL (ED/INTERNAL WARDS)</b>	<b>EXTERNAL (GP/OPD/NURSING HOMES/DISTRICT HOSP)</b>
<b>Albumin (g/L)</b>	All	-	≤20 - ≥60
<b>ALP (IU/L)</b>	Up to 15yrs	-	≥600
	>15yrs - Adults	-	≥600
<b>ALT (IU/L)</b>	All	-	≥300
<b>Ammonia (mmol/L)</b>	Up to 4 weeks	≥130	N/A
	>4 wks - Adult	≥100 <sup>1</sup>	N/A
<b>Amylase (IU/L)</b>	All	≥300	≥200
<b>AST (IU/L)</b>	All	-	≥150
<b>βHCG (urine)</b>	All	Positive on pre-op or trauma patients	
<b>Bicarbonate<sup>1</sup></b>	All	<10	<10
<b>Blood Gases (Arterial)</b>	All	PH<7.1	N/A
<b>Bilirubin (mmol/L)</b>	Up to 6 days	≥250	≥250
	>6 days - 10yrs	-	≥50
	>10yrs - Adult	-	≥100
<b>Calcium (mmol/L) / Adjusted Calcium</b>	All	≤1.90 - ≥2.90	≤1.90 - ≥2.90
<b>CK (IU/L)</b>	All	-	≥1000
<b>Creatinine (µmol/L)</b> <i>(Only new significant increases in non-dialysis patients)</i>	Up to 10yrs	≥150	≥150
	>10yrs - Adult	≥450	≥450
<b>CRP (pg/ml)</b>	Up to 6 days	≥5	≥5
	>6 days - 10yrs	≥30	≥30
	>10yrs - Adult	≥300 <sup>1</sup>	≥100
<b>Ferritin (ng/ml)</b>	All	-	>1000
<b>FT4 (pmol/l)</b>	All	-	≥50
<b>Gentamicin (mg/L)*</b>	All	-	>1.0
<b>GGT (IU/L)</b>	All	-	≥750

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<b>Glucose (mmol/L)</b>	Up to 10 yrs	≤1.8 - ≥15	≤2.0 - ≥15
	>10yr –adult (random)	≤2.5 - ≥25 <sup>1</sup>	≤2.5 - ≥20
	>10yr - Adult (fasting)	≤2.5 - ≥25 <sup>1</sup>	≤2.5 - ≥20
	CSF (All)	≤1.5	N/A
<b>Iron (umol/l)</b>	All	≥55 <sup>4</sup>	≥55 <sup>4</sup>
<b>Lactate (mmol/L)</b>	All	≥3.5	N/A
<b>Lithium (mmol/l)</b>	All	≥1.5 <sup>1</sup>	≥1.5 <sup>1,2</sup>
<b>Magnesium (mmol/l)</b>	All	≤0.4 <sup>1</sup> - ≥2.0	≤0.4 - ≥2.0
<b>Phosphate (mmol/l)</b>	All	<0.3 <sup>1</sup> - >2.6	<0.39 - >2.6
<b>Paracetamol (mmol/l)</b>	All (up to 12 hrs post ingestion)	≥0.25	N/A
<b>Potassium (mmol/L)</b>	All	≤2.5 - ≥6.5 <sup>1</sup>	≤2.5 - ≥6.5 <sup>1</sup> <i>(Samples &lt; 4 hrs or spun)</i>
<b>Procalcitonin (ng/ml) *</b>	All	-	>2.0
<b>Salicylate (mmol/l)</b>	All	≥2.0	N/A
<b>Sodium (mmol/L)</b>	Up to 16yrs	≤130 - ≥160 <sup>1</sup>	≤130 - ≥155 <sup>2</sup>
	16yrs - Adult	≤120 - ≥160 <sup>1</sup>	≤120 - ≥155 <sup>2</sup>
<b>Sweat Cl (mmol/L)</b>	All	≥60	N/A
<b>Total Protein (g/L)</b>	All	-	≤30 - ≥95
<b>Total PSA (µg/L)</b>	<69 yrs	-	≥15
	≥70yrs	-	≥20
<b>TSH (mIU/L)</b>	All	-	≥80
<b>Triglyceride (mmol/L)<sup>2</sup></b>	All	>20	>20
<b>Troponin I (ng/L)</b>	All	≥20 <sup>3</sup>	≥20 <sup>3</sup>
<b>Urate (mmol/L)</b>	Adult	-	≥750
<b>Urea (mmol/L)</b>	Up to 10yrs	≥10	≥10
	10yrs - Adult	≥30 <sup>1,2</sup>	≥30 <sup>2</sup>
<b>Vancomycin (mg/L) *</b>	All	-	>15
<b>Vitamin B12 (pg/ml)</b>	All	<70.0	-

**MISCELLANEOUS**

<b>HAEMOLYSED SAMPLES</b>	A/E; Oncology; Urgent bloods	-
<b>REJECTED SAMPLES</b>	ALL INTERNAL	ALL EXTERNAL

Unsuitable samples, unexpected results or suspicion of sample mislabelling or WBIT are all brought to the attention of the Ward or the Medical Team.

**\*Critical results for antibiotics and PCT to be phoned to Microbiologist during routine hours and to requesting doctor out of hours.**

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<b>OTHER URGENT RESULTS</b>	
<b>Action for urgent results received from external Laboratories (e.g. GUH, Eurofins Biomnis etc.) for relay to requesting location/clinician:</b>	
<ul style="list-style-type: none"> <li>• Upon receipt of an urgent result(s) from external laboratory by phone, attempt to phone to requesting location / clinician in as timely a fashion as possible. Document actions in note pad of relevant patient record, if available on APEX.</li> <li>• If no patient record available on APEX for this result, 'Order Enter' a new request (<b>USE CODE 'EXT' FOR TEST ORDER</b>) using the patient details received, to provide a place to record the phone call details in specimen note pad (F9), telephone log or specimen free text comment.</li> </ul>	
<b>When the location/clinician is NOT CONTACTABLE, relay result in the following manner:</b>	
<b>Results requested by OPD/Clinic that's ended</b>	Phone to a member of the team of the relevant consultant or Medical/Surgical Reg on-call
<b>Results requested by GP when GP clinic is closed</b>	<b>Action order:</b> <ul style="list-style-type: none"> <li>• Phone to doctor stated as on-duty for the closed GP;</li> <li>• If no on-duty GP stated, phone to requesting GP's mobile number on IT/MF/003 if supplied;</li> <li>• If not supplied, phone to Westdoc.</li> </ul>
<b><u>PLEASE NOTE:</u> When recording these phone calls on Apex, only record the actions of this laboratory.</b>	

**Record the details of the communication or phoning of results as described in the procedure  
'Procedure for the Review and Release of Reports to Users' B/LP/003**

**Authorised by:** \_\_\_\_\_ 

**Date: 25/09/2024**

Dr Verena Gounden, *Chemical Pathologist*

**References:**

1. The Royal College of Pathologists - *The communication of critical and unexpected pathology results* – October 2017;
2. HSE – Communication of Critical Results to the Community:  
<https://www.hse.ie/eng/about/who/cspd/ncps/pathology/resources/communication-of-critical-results-for-patients-in-the-community.pdf>
3. **Beckman Coulter -Reagent Insert for Trop I** – Upper limit result for combined overall male and female ranges at 95% C.I.