

SUNY DOWNSTATE MEDICAL CENTER
DEPARTMENT OF PATHOLOGY
POLICY AND PROCEDURE

☒ UNIVERSITY HOSPITAL OF BROOKLYN

☒ BAY RIDGE

Subject: POINT OF CARE – OCCULT BLOOD -
Hemoccult SENSa Slide Method

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PURPOSE:

Occult Blood point of care testing is performed in the Emergency Department to obtain timely and accurate results for the invitro measurement of the presence of blood in stool. Testing is preformed with a Physician's Order.

PRINCIPLE:

Gum guaiac is a useful indicator for occult blood. The test depends on the oxidation of a phenolic compound, alpha guaiaconic acid, to a quinone structure, which yields a blue dye by an inter-molecular reaction. Hemoglobin exerts a peroxidase-like activity and facilitates the oxidation of this phenolic compound by hydrogen peroxidase. Since hematin is similar in structure to peroxidase, it probably is the hematin fraction of hemoglobin, which catalyzes the oxidation of guaiac, and its stability is attributable to the protein to which it is attached.

SLIDE METHOD PRINCIPLE: When a small stool specimen containing occult blood is applied to "Hemoccult" test paper, the hemoglobin comes in contact with the guaiac. Application of "Hemoccult" Developer (a stabilized hydrogen peroxide solution) creates a guaiac/peroxidase-like reaction, which turns the test paper blue within 30 seconds if occult blood is present. This reaction requires that the blood cells be hemolyzed. When blood is present, hemolysis is made possible by substances in the stool, primarily water and salts.

LEVEL OF FUNCTION: Unit staff in collaboration with Laboratory.

LEVEL OF PERSONNEL: Physicians, Laboratory Personnel

SPECIMEN COLLECTION:

1. Only a very small stool specimen, thinly applied, is necessary in preparing slide. The slide may be prepared and stored at room temperature.
2. Since bleeding from gastrointestinal lesions may be intermittent, it is recommended that stool smears for testing be collected from three consecutive bowel movements. To increase the probability of detecting occult blood, it is recommended that specimens be taken from two different sections of the stool.
3. Patients with bleeding from other conditions that may show up in stool specimens (e.g. hemorrhoids, menstrual bleeding) are not appropriate test subjects while such bleeding is active.

REAGENTS:

1. Hemoccult Slide: Natural guaiac resin impregnated into standardized, high quality filter paper.
2. Hemoccult Developer: Solution containing a stabilized mixture of hydrogen peroxide and denatured alcohol.

PATIENT PREPARATION:

Whenever practicable, patients should be placed on a meat-free, high residue diet, starting two days before and continuing through the test period. Such a diet helps reduce the number of false positive reactions and at the same time provides roughage to help uncover "silent" lesions, which may bleed only intermittently.

Diagnostic Diet:

- No rare meat, turnips or horseradish, aspirin, tonic or vitamin preparation which contains ascorbic acid (Vitamin C) in excess of 250 mg. per day.
NOTE: Small amounts of chicken or tuna fish are permissible.
- Plenty of vegetables, both raw and cooked, especially lettuce, spinach and corn.
- Plenty of fruit, especially prunes, grapes, plums and apples.
- Moderate amounts of peanuts, popcorn or bran cereal each day.

An alternative procedure is to omit the special diet initially. Then if a patient has one or more positive tests in the initial three-slide series, he should be placed on the special diet and retested for three days.

PROCEDURE:

1. Open perforated window in back of Hemocult slide
Quality Control Area
Apply ONE drop of developer between positive and negative performance monitors
Read result within 30 seconds.
NEGATIVE: No detectable blue
POSITIVE: Trace of blue
Record on QC Log Sheet
2. Patient Sample Area
Apply TWO drops of developer to each specimen (directly over each smear)
Read results within 60 seconds
NEGATIVE: No detectable blue anywhere on slide
POSITIVE: Trace of blue

REPORTING RESULTS:

All patient results must be documented in a Patient Logbook containing the following information:

DATE, TIME, PATIENT'S NAME, PATIENT'S MR#, ORDERING PHYSICIAN, TEST RESULT, NURSE.

Upon completion, each patient's Hemocult result will be entered into Cerner LIS via one of the following methods:

- a) Fill out patient result sheet containing Name of Patient, MR# and Test Result. Result forms are kept in the Patient Log Binder. Give completed Result Form to Clerk who will order and result in Cerner.
- b) Order Point of Care Test in Cerner:
 - 1) Click on Department Order Entry
 - 2) Enter Patient's Name in Person Name Field
 - 3) Type "POC" in Orderable Field
 - 4) Type in result (Pos. or Neg.)
 - 5) Choose "Central Receiving" in Specimen Received Location Field.
 - 6) Click on Submit Order

PROFICIENCY TESTING:

Personnel who perform testing will be presented with a challenge twice per year and they will process this testing as a patient. The results of this proficiency will be sent to the nursing supervisor where regular testing is performed.

EMPLOYEE CERTIFICATION:

Department must submit the names of individuals to the Director of Laboratories once credentialed to perform the procedure. An updated list of all Physicians who are credentials for Hemocult should be sent to the Director of Laboratories at the end of each calendar year.

LIMITATIONS:

1. Hemoccult cannot be considered conclusive evidence of the presence or absence of gastrointestinal bleeding or pathology.
2. Some oral medications (aspirin, indomethacin, phenylbutazone, corticosteroids, reserpine, etc.) can cause GI irritation and occult bleeding in some patients. The substances should be discontinued two days prior to and during testing.
3. Ascorbic acid (Vitamin C) in large doses has been shown to cause false negative results and should be eliminated before testing.

REFERENCES:

1. Gregor, D.H.: Detection of silent colon cancer in routine examination. *Cancer* 19:330, 1967
2. Gregor, D.H.: Occult blood testing for detection of asymptomatic colon cancer. *Cancer* 28:131, 1971
3. Ostrow, J. D., Mulvaney, C.A., and Hansell, J.R.: Sensitivity and Reproducibility of Guaiac, Hematest, and "Hemoccult" Tests for Fecal occult Blood (Abstr.) *Ann. Int. Med.* 76:860, 1972
4. Smith Kline Diagnostics, Inc. – product instruction for Hemoccult Slide test.