

# SUNY DOWNSTATE MEDICAL CENTER

## UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No. OPD-4

**Subject:** RECALL FOR ABNORMAL LAB  
VALUES

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**Prepared by:** Ambulatory Care Committee

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**Reviewed by:** Derick Agbontaen, MS  
Marlene Ferguson, RN, MSN  
Alix Laquerre

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**Approved by:** Anny Yeung, RN, MPA

**The JC Standards:** PC.16.40, LD.3.30, LD.4.40, RI.2.90

Margaret Jackson, MA, RN

**Related Policies:** LAB-7 Laboratory Critical Values

David Conley, MBA, AVP

Stanley Fisher, M.D.

Michael Lucchesi, M.D.

**Issued by:** **Regulatory Affairs**

Debra D. Carey, MS

### I. PURPOSE

To provide a mechanism to check laboratory/diagnostic reports for abnormal values and recall patients for follow up treatment.

### II. POLICY

It is the policy of SUNY Downstate medical Center to ensure that patients with abnormal test results above or below established ranges are immediately contacted for appropriate follow-up.

### III. DEFINITION

None

### IV. RESPONSIBILITY

Interdisciplinary team of clerical, nursing, support and medical staff

## V. PROCEDURE/GUIDELINES

1. In accordance with the hospital wide policy on Laboratory Critical Values, abnormal findings with values above or below established normal ranges and criteria are reported for immediate action by the clinician. The Laboratory staff calls the provider in the clinic where the patient is being seen. If unsuccessful, the physician is paged directly on his beeper to the Laboratory department.
2. All laboratory data and other ancillary reports will be collected daily by clerical, support or designated staff, and given to nursing staff or designee.
3. The Nurse will collaborate with the physician, who will review lab and sign off.
  - a. The patient will be recalled if the physician feels that the patient needs to be seen prior to his/her scheduled appointment.
  - b. Three attempts will be made to reach patient unless the physician determines otherwise.
  - c. Document in the recall Log book, the patient's name, Medical Record number, reason for the recall and the patients' response.
  - d. Patients are called in order of priority listed below:
    - i. **Phone** – Call the patient and instruct him/her why, where and when to come in.
    - ii. **Mail** – mail an appointment to the patient stating the why, where and when.
    - iii. **Direct** – only in emergency cases, the nearest police precinct can be notified. Inform the Associate Director of Nursing or designee.
  - e. Once the recall process has been completed, it should be documented in the log book and patient Medical Record.

## VI. ATTACHMENTS

None

## VI. REFERENCES

JCAHO Standards

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
8/08	<b>Yes</b>	No	Derick Agbontaen, Director Ambulatory Care Services
	Yes	No	