

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

		No.	<u>LAB-21</u>
Subject:	<u>HANDLING OF EMERGENCY DEPARTMENT LABORATORY SPECIMENS</u>	Page 1 of 3	
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		The JC Standards:	NPS.2C.IM.6.50,MM.2.10, MM.2.20,PC.3.2.0, MM.2.230
		Related Policies	(LAB-1) Procedure for Handling Inpatient & Out Patient laboratory Orders and Result (LAB-7) Laboratory Critical Values (LAB-17) Computerized Tube System
		Issued by:	Pathology Department

I. PURPOSE

To ensure timely testing and reporting of specimens received by the clinical laboratories from the Emergency Department.

I. POLICY

Laboratory tests for stroke patients are to be resulted within 45 minutes of the patient's arrival to the UHB Emergency treatment location. Specimen generated from Emergency Department (ED) with STAT Priority is to be handled expeditiously according to Laboratory procedures and protocols.

II. DEFINITION(s)

TAT is defined as the difference from the time a specimen is collected to the time the result is available to the ordering physician.

In-Lab Test is the difference between the time a specimen is received in the laboratory to the time the result is available to the clinician.

Attachment A – Protocol for Stroke Patient Specimens.
Attachment B – Tracking Log for Laboratory Stroke Coordinator

III. PROCEDURE/GUIDELINE

1. Collection and Transport

- ED Staff will ensure that red-bordered labels are affixed to the samples sent to the laboratory.
- These labels are specific to the ED and serve to alert the laboratory staff for priority handling.
- Specimens for Blood Bank and Anatomic Pathology testing must be accompanied by the appropriate specimen requisition forms.
- Specimen labels must include: Name, Medical Record Number.
- Pneumatic tube should be utilized to ensure prompt transportation of samples to the laboratory Central Accessioning Area. (See UHB –lab # 17 - Computerized Transport Tube System)
- Central Accessioning staff is available 24 hours / 7 days a week, to receive, accession and deliver specimens to the appropriate clinical laboratory area.

2. Specimen Accessioning

- Central Accessioning Staff are to segregate E.D. specimens as “STAT” to facilitate priority testing.
- Samples are to be logged in by Central Accessioning Staff and delivered to the respective laboratories immediately.
- Central Accessioning Staff are to alert the respective Laboratory staff of a “STAT” specimen upon delivery.
- Blood Bank specimens will be delivered to the Blood Bank and accessioned by the staff in that area.

3. Specimen Processing:

All specimens are processed according to established procedures for the specified test in the testing laboratory.

The expected Turn-Around-Time (TAT) for most common Emergency Department requests is as follows:

TEST

* ABGs, CoHb, Met Hb
(Arterial Blood Gases)

Basic Metabolic Panel, Comprehensive Metabolic Panel,
* Ammonia, (Plasma)

Serum Amylase, Digoxin, Lithium, Salicylate (Aspirin),
Theophylline, Ethanol, Lithium, Osmolality, CK-MB
Troponin I, BNP

TAT

within 15 Mins.

within 30 Mins.

within 90 Mins.

Ethylene glycol, Methanol will be sent to Reference Laboratory, Quest Diagnostics.

CBC with automated differential. within 30 Mins.
Manual differentials, when necessary, will be performed and verified as soon as possible.

PT and/or PTT within 60 Mins.

Urine Toxicology will be sent to KCHC.

*** Samples must be brought on ice.**

Point of Care testing: (see UHB Lab # 23 – Point of Care Testing).

- Results are available immediately. Test ordering and resulting must be performed simultaneously.
 - Urine Pregnancy
 - Occult Blood
 - Whole Blood Glucose

1. Results Reporting:

- Critical values are to be communicated by telephone to the E.D. staff based on established policies and procedures (See UHB Lab-7, Critical values).
- Critical values will be phoned to extension 4580.
- Results are to be verified and made available for review in the LIS (Cerner) according to established policies and procedures. (See UHB Lab-1: Handling orders and results).
- Results finalized after patient is discharged from the Emergency Department, will be sent to the Emergency Department (Microbiology, Virology and send outs).

II. REFERENCES

UHB Lab-1, UHB Lab-7, UHB Lab-17, UHB Lab-23.

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
11/04	☒ Yes	☐ No	Alix Laguerre, Laboratory Administrator
09/03	☒ Yes	☐ No	Alix Laguerre, Laboratory Administrator
11/05	☒ Yes	☐ No	Alix Laguerre, Laboratory Administrator
11/06	☒ Yes	☐ No	Alix Laguerre, Laboratory Administrator

Attachment A:

Lab-21

PROTOCOL FOR STROKE PATIENT SPECIMENS

I. Purpose:

To ensure testing and reporting of stroke patient specimens received from the Emergency Department are completed within 45 minutes.

II. Definitions:

Laboratory Stroke Coordinators are laboratory personnel designated to coordinate all laboratory activities related to stroke patient specimens, on assigned shifts.

POCT –Point of Care Testing

III. Responsibilities:

- **Laboratory Stroke coordinator:**
 - a. Alert staff to prepare for imminent specimens
 - b. Log in: alert time, receiving time, result time, TAT and call to ED
 - c. Documents calls in Cerner LIS
 - d. Initiate corrective actions where necessary
 - e. Submit shift logs with entry, daily
- **Clinical Laboratory Practitioners:**

Expedite the processing of stroke patient specimens
Report results by telephone to ED.
- **Laboratory administrator or designee:**

Monitors the TAT, through reports submitted, to ensure compliance and improvement.

IV. Procedure:

a. Stroke Alert

- A schedule designating a Laboratory Stroke Coordinator, for each day and work shift is maintained in the laboratories.
- The ED informs the laboratory of the arrival of a stroke patient by calling ext. 2922.
- The coordinator alerts pertinent staff in the Hematology and chemistry laboratories and Accessioning to prepare for stroke patient specimens.

b. Collection and Transport

- ED staff ensures that stroke panel specimens are ordered and collected upon the arrival of a probable stroke patient.
- Specimen bags are marked with the word “STROKE” on the exterior.
- Specimens are transported to the laboratory via the pneumatic tube transport system, immediately after collection.

c. Specimen Processing

All stroke patient specimens are tracked by the Stroke Coordinator for the shift and laboratory staff, pay special attention to expedite testing and resulting.

STROKE PANEL TEST MONITORING

TAT

- | | |
|--|-------------------------------|
| – CBC with automated differential. | within 30 Mins. |
| – PT/PTT | within 35 Mins.
(intralab) |
| – Glucose (Test performed by ED staff as a POCT) | immediate |

d. Result Reporting:

- Results are verified and made available for review in the LIS (Cerner)
- All values for stroke panel tests are to be communicated collectively to the ED staff by telephone

ATTACHMENT – B

**LAB-21
LABORATORY STROKE COORDINATOR LOG**

DATE: _____ **SHIFT:** I II III (Circle) **COORDINATOR:** _____

ALERT TIME	PT NAME	MR #	SPECIMEN ARRIVAL TIME	RESULT TIME	CALL TO ED TIME	TRANSIT TIME	INTRA- LAB TAT	TOTAL TAT	COMMENTS

GOAL: **TRANSIT ≤ 10 Mins.**

INTRA-LAB ≤ 35 Mins.

TOTAL ≤ 45 Mins.