



Document number: HA-WEB-INS-003.UN

Version:2.5

# Communication of abnormal results

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Site Location: UN

## Instances which require communication of results to the requestor

The limits below are intended as a minimum guide, the BMS should use their professional judgement. These limits are compliant with RCPATH guidelines.

These limits apply to all wards, out-patients and GP's

**NB Always ensure sample integrity has been checked and/or history checked before communicating results to the requestor. Also ensure you 'NP' any discordant results in EPU/LIMS until checked/confirmed e.g. low platelets**  
**If you have requested a repeat sample you must document this within the patient record to ensure an auditable log of this action (include name/location of person taking the call)**

Results	Comments
Possible new acute haematological malignancy	Contact Haematology medical staff as soon as possible for advice (24/7)
Pancytopenia	<b>New/Unexpected presentations</b>  NB Consider clinical details/history/results in LIMS and discussion with consultant haematologist for advice (24/7)
All positive malarial parasites	Contact Haematology medical staff as soon as possible for advice (24/7)
Haemoglobin <80 g/L	<b>New presentations</b> GP/Outpatient samples to be telephoned <b>within routine hours only</b> (09:00 and 17:00). If received out of hours – telephone the next working day.  In-patients should be telephoned to the ward directly.
Haemoglobin <70 g/L - normochromic, normocytic	<b>New presentations</b>



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Haemoglobin <60 g/L - hypochromic, microcytic	<b>New presentations</b>
Elevated HCT (Suspected PRV/Erthrocytosis)	In line with BCSH guidelines: <b>New presentations</b> HCT >0.60 (males), >0.56 (females)  <b>Persistent presentation</b> HCT >0.52 (males), >0.48 (females) for >2mths
WBC >30 x 10 <sup>9</sup> /L	<b>New presentations</b>
Neutrophils <0.5 – 1.0 x 10 <sup>9</sup> /L*	<b>New presentations only:</b> <0.5 <b>must</b> be telephoned immediately 0.5–1.0 should be telephoned to the requesting consultant <b>within 24hrs</b> of result.  <b>Persistent presentation:</b> < 1.0 x 10 <sup>9</sup> /L : <ul style="list-style-type: none"><li>• Within routine hours telephone immediately.</li><li>• Out of hours (Mon-Thurs) – If results are consistent then contact the requestor as soon as possible on the next working day. A significant change in results should be communicated to the haematologist on call.</li><li>• Out of hours (Fri) Contact the Haematologist on call to discuss.</li><li>• Weekend samples –Refer to the haematologist on duty at SRH in the first instance.</li></ul> In <b>all</b> instances contact the Haematology consultant on call <b>before</b> contacting “111”  <b>N.B.</b> Samples which have been processed via the XN550 analyser <b>do not</b> require telephoning.  <b>Inpatient samples</b> which have had a similar result <b>within the last seven days</b> do not require repeated communication unless indicated by the requestor.



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Platelets $<50 \times 10^9/L$	<p><b>New presentations</b></p> <p>Severe thrombocytopenia (unexplained) - Contact Haematology medical staff as soon as possible for advice (24/7)</p> <p>NB Always check sample integrity and 'NP' results in EPU/LIMS until count is checked/confirmed, by checking sample/looking at an urgent blood film*</p> <p>*Ensure this is highlighted to the BMS staff looking at films so it can be prioritised</p>
Platelet $>1000$	<p><b>New Presentations</b></p> <p>In line with Haematology consultant guidance, telephone any confirmed platelet count of <math>&gt;1000</math> to GP's during core hours.</p> <p>NB The platelet count should be confirmed on a blood film before being communicated to the service user.</p>
INR $>5.0$ (patients on warfarin)	<p>Telephone within <b>routine working hours only</b>. Out of hours samples may be telephoned the next working day.</p>
INR $>8.0$ (patients on warfarin)	<p>Samples which specify Pharmacy as the requestor should be telephoned to the hospital pharmacy department within their routine working hours (09:00-17:00).</p> <p>Outside of these times and for <b>all</b> GP samples the result should be telephoned to 111.</p> <p><b>N.B.</b> The Service specification agreement between GP/Pharmacy states that the department is responsible for INR results up to a maximum of 7.9; therefore <b>all</b> results of <math>&gt;8</math> are the responsibility of the patients GP practice regardless of whether they have been taken in a warfarin clinic or not. The decision to admit a patient or not is the sole responsibility of the GP (not the Pharmacist).</p>



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Fibrinogen <1.0 g/L	<b>New presentations</b>
Abnormal coagulation with a history of bleeding or clinical details suggestive of bleeding	<b>New presentations</b> (PT>19, APTT >40)
APTT ratio >3.5	<b>New presentations</b> N.B. APTT ratio is dependent upon reason for treatment, the clinician should be advised to refer to the applicable therapeutic range for their patient when interpreting results.
D-Dimer results	Positive results – GP's/Outpatients only Any rejected D-Dimer samples
All sickle screen positive results	For urgent requests
Positive DCT	<b>New presentations</b>
Elevated ESR results in patients with suspected Temporal Arteritis including those which indicate associated symptoms such as headaches within the clinical details	<b>Contact requesting clinician/GP out of hours.</b> Should the sample be insufficient/clotted/unsuitable for analysis in cases of suspected TA this should always be communicated directly to the clinician to allow a repeat sample to be taken at the earliest opportunity.
All confirmed transfusion reactions	Contact Haematology medical staff for advice
Patients with antibodies where blood is requested or may be required urgently	<b>MUST BE URGENTLY</b> communicated to requesting doctor.

**IT IS ESSENTIAL TO DOCUMENT ANY COMMUNICATION WITH THE SERVICE USER TO ENSURE WE HAVE AN AUDITABLE RECORD WITHIN THE LIMS SYSTEM**

**Please refer to HA-ROU-SOP-056.UN Verbal Communication of Results for further information if required**

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