

Changes to critical phoning limits

There will be no changes to critical phoning limits across coagulation, immunology or serology for your cohort.

There will however be limited changes to Chemistry and Haematology for your cohort, as follow:

Chemistry

| Test | Change |
|------------------|---|
| Adjusted calcium | Upper limit is changing from 3.0 to 3.4 mmol/L. |
| Prolactin | An upper limit has been added set at 10,000 mIU/L |
| Magnesium | The upper limit has been removed |
| Albumin | The lower limit has been removed |

Haematology

As per guidance from The Royal College of Pathologists, the key change for Haematology is to upper and lower limits. It is worth noting that it is not our processes that are changing, only the level at which we phone results through. The only time we will make automatic referrals is also outlined below.

| Internal Procedure | Change |
|--------------------|---|
| WBC | <p>≥100 will be the phoning criteria 24/7.</p> <p>>30x10⁹/L will no longer be phoned, and instead >50 will have urgent film review and referral to the Clinical Haematology team who will decide on next steps based on findings.</p> <p>>25 first presentation will have routine film review and referral to SpR and clinical follow up will be based on morphological findings.</p> |
| WBC | <2.0x10 ⁹ /L will no longer be phoned. Instead <0.5 Neutrophils count will follow urgent film review and referral to Haem SpR. |
| HB | <p>≤70 and ≥190 will be the phoning criteria 24/7.</p> <p>≤60 will follow urgent blood film review and referral made to Haem SpR.</p> <p>≤80 (first presentation) will trigger a routine review by haematologists. If haemolytic changes are seen, e.g. fragments, spherocytosis, polychromasia, then referral will be made to the Haematology registrar for routine review.</p> |
| HB | <p>≥190 will be the phoning criteria 24/7.</p> <p>>200g/L (Adult) will no longer automatically get a blood film examination unless HCT >0.600 (when an urgent film review and referral to SpR will be done).</p> <p>>220g/L (Paed) will no longer be phoned, or blood film examination. Unless HCT >0.600 (when an urgent film review and referral to SpR will be done).</p> |

| | |
|--------|---|
| PLT | <p>≤30 and ≥1000 will be the phoning criteria 24/7 and will follow a critical Blood film review and referral to Haematology SpR.</p> <p>≤100 will follow routine blood film review. If multilineage cytopenia (Plts ≤100 x10⁹/L and/or Neuts ≤1.0 x10⁹/L and/or Hb ≤80 g/L) then a routine referral to Haem SpR will be made.</p> <p>>800 will no longer be phoned during core hours/ out of hours. Routine blood film review will be followed when plt >600 and referred to Haem SpR for review.</p> |
| NRBC | <p>≥5.0 for neonates/paediatric no longer be phoned during core hours/out of hours. Instead blood film review done as urgent and referral made to Haem SpR.</p> |
| Retics | <p>Reticulocytes will no longer be phoned.</p> <p>If haemolytic changes seen e.g. fragments, spherocytosis, polychromasia then referral will be made to Haematology registrar for routine review.</p> |

Nutristasis

| Test | Change |
|--------------------------|--|
| Vitamin B12 | Vitamin B12 <83 ng/L for newly diagnosed patients will no longer be communicated (applies to specimens referred to GSTT site for analysis) |
| All new ferritin results | All new ferritin results >40000 ug/L will no longer be communicated (applies to specimens referred to GSTT site for analysis) |
| Vitamin D | Vitamin D (25-OH Vitamin D) results >500 nmol/L will be communicated |

Questions about Nutristatis reference ranges, critical telephone limits or test profiles

If you have any questions or concerns about any of these changes, please contact our scientific lead, Dr Agata Sobczynska-Malefora as follows:

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