HCH Main Laboratory: Anatomic Pathology-Critical Values

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<th>Date approved: 08/24/2017</th>
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<tr>
<td>Approved by: Pablo Gutman (MD)</td>
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<td>Affected Departments: Histology/Cytology/Surg. Path., Pathology</td>
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<th>New Revision</th>
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Purpose
To clearly define Critical Values (CV’s) for the Anatomic Pathology Department.

Principle
These guidelines are used by the diagnosing pathologist to know when it is appropriate to alert a health care provider of a situation or diagnosis that may critically affect their patient. Alternatively, values of communicating a clinical value include a phone call, direct person to person communication, faxing, or use of DocHalo. Communication of the critical value will be documented in the pathology report (should include who was informed, by whom, how the communication took place, and the date it took place). Faxing of critical values is done through SoftPath, and documentation of the faxing is maintained in the LIS. Included in the category of a critical value are any significant or unexpected diagnosis that can result in a negative outcome for a patient if communication is not assured.
Immediately Communicate to Physician, FAX, or use DocHalo-
Critical Value List

1. New diagnosis of malignancy via biopsy or unexpected malignancy in any specimen.
2. Vasculitis.
3. Bacteria in a heart or bone marrow specimen.
4. Organisms in immunocompromised/immunocompetent patients.
5. Uterine contents, from potentially pregnant patients (eg. POC, SAB), without villi or trophoblast.
6. Fat in endometrial curettage specimens.
7. Fat in a colonic endoscopic polypectomy specimen.
8. Transplant rejection.
9. Malignancy in critical organ or system (superior vena cava syndrome, risk of spinal injury, etc)
10. Large vessel in a core biopsy specimen.
11. Cytology: Micro-organisms in cerebrospinal fluid
12. Cytology: Pneumocystis, fungi, or cytopathic changes in bronchioloalveolar lavage, bronchial wash, or bronchial brush specimen
13. Discordant frozen section and final diagnoses
14. Discordance between immediate evaluation and final diagnosis in surgical, FNA or cytology specimen
15. Bacteria or fungi in CSF (cerebrospinal fluid).
16. Pneumocystis, fungi, or cytopathic changes in BAL, wash, or brush specimen.
17. Acid-fast bacilli in any specimen.
18. Notify Infection Control if specimen has a communicable disease (eg. TB).

References


CAP, Anatomic Pathology Checklist & Laboratory General Checklist, 2016.
| Document change and signature approval | *Notes regarding changes in document, version numbers, and approval process are permanently maintained in the Policy Tech Module. Revision/Review dates are set as per Hospital policy or by regulatory requirement and are also tracked in Policy Tech. |