

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

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| Title | | GP Pathology Lab Results | | Doc. No. | CL025 |
| Scope | | Operational & Clinical Directorates | Laboratory Staff | | In-Hours Primary Care Staff |
| Purpose | | This SOP relates to all members of Urgent Care 24 staff, in-hours primary care staff, and staff members of the laboratories of North Mersey Hospital Trusts, St Helens & Knowsley Teaching Hospitals NHS Trust (Whiston Hospital) and Warrington and Halton Hospitals NHS Trust. It sets out responsibilities and policies to ensure safe handling of urgent pathology results to minimise the risk of alarm, distress or harm to patients and ensure safe and timely treatment when treatment is necessary. | | | |
| GUIDELINES | | In all instances actions should be recorded or documented within the patient record. | | | |
| PROCEDURE | | | | | RESPONSIBILITY |
| 1. | All demographic and contact details (including telephone numbers) should be recorded on pathology forms and sample bottles when requesting tests. If using the ICE system these will be generated from the patient record. Please ensure the demographic details are correct on your clinical system. | | | | In-Hours Primary Care Staff |
| 2. | The phlebotomist taking the sample should check with the patient and amend any missing or incorrect details on the form. Time and date of the sample being taken should be noted by the sample taker. | | | | All Phlebotomy Staff / Primary and Secondary Care |
| 3. | The clinician requesting the test will be responsible for ensuring that relevant clinical and all contact details are provided and are up-to-date. | | | | In-Hours Primary Care Clinician |
| 4. | During the in-hours period, abnormal results, generated by samples from hospital out-patient clinics, should be dealt with by the doctor on-call for the relevant specialty, not passed to primary care services. | | | | Secondary Care Laboratory and Clinical Staff |

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| 5. | <p>When primary care generated results unexpectedly fall outside the critical limits they should be telephoned to:</p> <ol style="list-style-type: none"> 1. The GP requesting the test in surgery hours 2. The practice nurse or receptionist if the GP is not available in surgery hours 3. Urgent Care 24 outside surgery hours, or in-hours if the above fails | Pathology Lab Staff |
| 6. | <p>During propel, Urgent Care 24 can take details from the laboratory staff via either the Health Care Professional line or NHS 111. The laboratory staff members should record their name and that of the contact, time and date and information passed. If any doubt occurs the result should be discussed with the consultant on-call before telephoning.</p> | Pathology Lab Staff / Urgent Care 24 Referral Coordinator |
| 7. | <p>The person telephoning the results are to ensure that adequate demographics are provided. If the pathology lab has no telephone number for the patient dispatch the call to the Definitive Clinical Assessment (DCA) pool to allow a clinician to take the next step.</p> <p>The laboratory staff member passing the result must check the hospital Patient Administration System (PAS) and Open Exeter for patient telephone numbers if these are not on the request form.</p> <p>Urgent Care 24 will not accept any clinical responsibility unless adequate demographics and clinical details are provided.</p> | Pathology Lab Staff / Urgent Care 24 Referral Coordinator |
| 8. | <p>Record patient demographics, document the referring pathology lab staff member's first and surname in the 'Caller' section of Adastra case entry. Select a caller origin of 'Pathology Lab' in the 'Relationship' section.</p> <p>Document the current results as given by the path lab staff member in the 'Symptoms' section of Adastra. In addition ask and document the following information:</p> <ul style="list-style-type: none"> • What information is on the request for the test? (e.g. Diabetes) • What is the blood test for? (e.g. high blood sugars) • What are the previous results? (document date as well) <p>Log the responses given as per example below:</p> <p>P1 – Diabetes P2 – High blood sugars P3 – No previous results</p> | Urgent Care 24 Referral Coordinator |

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| | <p>Select case-type of 'Doctor DCA' and prioritise as 'Urgent'. Dispatch the case to the 'DCA Pool'. Do not use ACPP.</p> <p>Advise the referring Pathology Lab staff member that a member of the clinical team will aim to contact the patient within 20 minutes.</p> <p>SAFETY-NETTING – Worsening advice is not required for Pathology Lab calls as the referrer will not be in contact with the patient. However before disconnecting the referral coordinator must advise the Pathology Lab referrer to contact Urgent Care 24 again if needed.</p> <p>.</p> | Urgent Care 24 Referral Coordinator |
| 9. | <p>On receipt of the call into the 'DCA' pool the clinician should contact the laboratory clinician, usually before talking to the patient. This is to discuss this result in the context of any previous results as this will often help in making a decision on appropriate action.</p> <p>Following this, if the clinician cannot contact the patient but has additional information from the pathology lab, this can be added by using the failed attempt to contact option on Adastra.</p> | Urgent Care 24 Clinician |
| 10. | <p>In the case of no contact number for the patient, the clinician is to decide whether the call can be stood-down or whether the patient requires a home visit, patient safety being the prime consideration.</p> <p>If no contact is possible on the telephone, the clinician must discuss this with the shift manager immediately and the decision made straight away of whether to arrange a home visit or consider any other means of contacting the patient or to stand-down the call.</p> <p>Alternatively, the clinician can authorise one of the drivers to deliver a letter to the patients address to inform the patient about the blood result and any action required.</p> <p>When completing the call on Adastra the clinician is to select the informational outcome 'Own GP Surgery Please Re-Assess'</p> <p>Please refer to the Urgent Care 24 Failure to Contact a Patient (SOP OP014).</p> | Urgent Care 24 Clinician |
| 11. | <p>If contact is successful with the patient, the clinician is then able to gain more information and discuss the result with the patient. The clinician should ask the patient for permission to access the Summary Care Record to aid their decision making. Appropriate action can then be taken.</p> | Urgent Care 24 Clinician |

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| 12. | Following DCA, a priority of 1, 2 or 6 hours is to be allocated to the call if further clinical intervention is required (i.e. home visit or on call centre appointment). | Urgent Care 24 Clinician / Shift Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | <p>Some results are unlikely to require immediate action during the out-of-hours period. The figures below are provided by the pathology laboratory as a guide only and the clinician will remain responsible for any clinical decision.</p> <p><u>Guide Action Limits when Hospital Admission or Assessment will Probably be Required</u></p> <table><tr><td>Sodium</td><td><120</td><td>or</td><td>>156</td></tr><tr><td>Potassium</td><td>< 2.6</td><td>or</td><td>> 6.2</td></tr><tr><td>Haemoglobin</td><td>< 6.0</td><td></td><td></td></tr><tr><td>Urea</td><td></td><td></td><td>> 30</td></tr><tr><td>Creatinine</td><td></td><td></td><td>> 500</td></tr><tr><td>Bicarbonate</td><td>< 12.0</td><td>or</td><td>> 45</td></tr><tr><td>Adj. Calcium</td><td>< 1.9</td><td>or</td><td>> 2.99</td></tr><tr><td>Glucose</td><td></td><td></td><td>> 20.0 or any positive ketones</td></tr><tr><td>Magnesium</td><td>< 0.4</td><td>or</td><td>> 2.00</td></tr><tr><td>Lithium</td><td></td><td></td><td>> 1.5</td></tr><tr><td>Digoxin</td><td></td><td></td><td>> 2.5</td></tr></table> <p>Results that are outside normal ranges but within the above limits can still be telephoned to Urgent Care 24 from the laboratory. However, usually these will not require any further intervention during the out of hours period and can be passed as information to the patient's registered GP to deal with the following working day.</p> <p>Above guide valid for Aintree, RLBUHT and Whiston/St Helens</p> | Sodium | <120 | or | >156 | Potassium | < 2.6 | or | > 6.2 | Haemoglobin | < 6.0 | | | Urea | | | > 30 | Creatinine | | | > 500 | Bicarbonate | < 12.0 | or | > 45 | Adj. Calcium | < 1.9 | or | > 2.99 | Glucose | | | > 20.0 or any positive ketones | Magnesium | < 0.4 | or | > 2.00 | Lithium | | | > 1.5 | Digoxin | | | > 2.5 | Urgent Care 24 Clinician |
| Sodium | <120 | or | >156 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Potassium | < 2.6 | or | > 6.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haemoglobin | < 6.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urea | | | > 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creatinine | | | > 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bicarbonate | < 12.0 | or | > 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adj. Calcium | < 1.9 | or | > 2.99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Glucose | | | > 20.0 or any positive ketones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Magnesium | < 0.4 | or | > 2.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lithium | | | > 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Digoxin | | | > 2.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

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| Title | | GP Pathology Lab Results | | Doc. No. | CL025 |
| Version | | | V2 | | |
| Supersedes | | | All previous versions | | |
| Approving Managers/Committee | | | Medical Director, CG Manager, CG & R Committee | | |
| Date Ratified | | | Originally March 2007 | | |
| Department of Originator | | | Clinical Practice | | |
| Responsible Executive Director | | | Director of Quality and Patient Safety | | |
| Responsible Manager/Support | | | Clinical Governance Manager | | |
| Date Issued | | | March 2007 | | |
| Review Date | | | October 2020 | | |
| Target Audience | | | Clinical and Operational Staff | | |
| Version | Date | Control Reason | | Accountable Person for this Version | |
| V1.1 – V1.2 | May 2010 & February 2012 | Reviewed by GP | | GP / Medical Director | |
| V1.3 | 31.07.2013 | Reviewed by medical director & CG manager. Updated to include Whiston and Halton Hospitals and grammatical amendments | | Medical Director / CG Manager | |
| V1.4 | 16.11.2013 | Reviewed and updated by Clinical Lead / GP | | Medical Director / CG Manager | |
| V1.5 | 31.10.2015 | Reviewed, updated, change of responsible director | | Medical Lead | |
| V2 | 16.09.2018 | Reviewed, updated | | Training Manager/ Medical Lead, Research & QI | |
| Reference documents | | Electronic Locations | | Locations for Hard Copies | |
| OP014 | | Urgent Care 24 Intranet | | Standard Operating Procedures File in the Call Centre | |
| Document Status: This is a controlled document. Whilst this document may be printed, the electronic version maintained on the UC24 Intranet is the controlled copy. Any printed copies of the document are not controlled. | | | | | |