**Guidelines for Clinical Lab Review**

Statement: **PURPOSE:**

To assure that the Laboratory values of each Emory Renal Post Transplant patient are evaluated and the post-transplant coordinators are provided information on the transplant program normal values for post-transplant recipients and a plan to follow.

Scope: **STANDARD:**

All laboratory values will be reviewed in a timely manner in order to provide the most optimum coordinated communication with Emory Health Care patients.

**POLICY STATEMENT:**

For any labs added on by a provider beyond the standard lab protocol, will be reviewed with the provider directly.

**RESULTS REVIEW LAB PROTOCOL:**

Significant health information that is identified through results FYI, such as pregnancy, malignancy, surgery, etc…needs to be reported to the provider.

**Urgent lab review - labs that need prompt review by the provider; call, EeMR message pool or Simon Web page provider for review the same day of lab recognition to include a response by the provider.**

* Elevated serum creatinine level
* Elevated amylase & lipase, hgb A1c, glucose **(K/P patients)**
* Critical values of serum potassium, calcium, phosphorus, and magnesium
* Positive urine cultures
* New onset CMV, BKV
* White Blood Cells < 2

**Time frame for lab review-**

On-site labs at Emory in EeMR: **Same day** of lab collection

Outside labs: **Within 48-72 hours** of lab collection

Follow up on urine culture, BKV and CMV **within 48 hours** of collection

**PROCEDURE**  **KEY POINTS**

|  |  |
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| **Normal Values – All Labs**  |  |
| Evaluate Serum Creatinine levelSerum Creatinine (each patient has a different baseline)  | >0.2 from previous (2) labs contact MD  |
| **Electrolytes**Potassium (3.6 – 5.1)  | 3.0 – 3.5 (Dietary Counseling – add potassium to diet (Reference: Potassium Finder).5.2 – 5.5 – Dietary Counseling – limit potassium in diet.<3.0 - >5.5 - contact MD2nd counseling session – schedule appointment with Dietician in the OTC.  |
| Magnesium (1.5 – 2.5) | 1.2– 1.4 dietary counseling – add magnesium to diet <1.2 or >3.0 – contact MD for supplement(s) |
| Phosphorus (2.4 - 4.7)  | 2.0 – 2.4 dietary counseling –add phosphorus to diet4.8 - 5.5 dietary counseling –limit phosphorus<2.0 - >5.5 contact MD |
| Glucose (65 –110)  | < 65 call and assess patient > 250 call and assess patient > 400 contact MD |
| **Liver enzymes**: Alanine Aminotransferase (ALT) (</= 44)Aspartate Aminotransferase (AST) (15 - 41) | >50 contact MD>50 contact MD |
| Cholesterol (<200) LDL Cholesterol (<100) | 200-250 dietary counseling>250 contact MD100-150 dietary counseling>150 contact MD |
| WBC (3.6 – 11.1)  | < 3.0 or >15.0 contact MD  |
| Platelet count (150 - 400 10E3/mcl) | New or <100 contact MD |
| Hematocrit (37.7 % - 46.5%)  | Review (2) previous Hct, if (5) point difference, contact MD;>49 %, contact MD |
| Urinalysis | Proteinuria >2+ if new, contact MD Leukesterase 2+ , contact MDHemoglobin moderate and new, call MD Nitrite positive, contact MD  |
| Urine Culture  | >/= 10,000 colonies, contact MD  |
| BKV PCR, CMV PCR, EBV PCR | Any new or previous positive (+) detection, review with MD;If previous levels were detected, and now new levels showing undetection, review with MD |
| Prograf (Tacrolimus)Rapamune (Sirolimus)CSA (Cyclosporine) | Hold dose prior to lab appointment to get accurate trough Trough Levels (12hr – Prograf & Cyclosporine )(24hr – Rapamune) |
| PTH  | >100 – contact MD  |
| Hgb A1C  | >7 – contact MD  |
| **PANCREAS**  |  |
| Amylase (25 - 125) | >125 or new elevation, contact MD |
| Lipase (8 - 59) | >59 or new elevation, contact MD |

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