

Greater New Orleans Surgery Center

BLOOD PRODUCTS

Page 1 of 1

Reviewed: August 1, 2001

8/01/03, 05/01/2009

Implemented: August 1, 2001

SUBJECT: Blood products.

PURPOSE: To give safe administration of blood or blood products to any patient at the facility.

SCOPE: All medical personnel.

POLICY: In order to safely administer blood or blood byproducts, proper steps will be followed.

PROCEDURE:

A. Unplanned blood administration:

1. Check permit for appropriate signature.
2. Call the Blood Center
 - a. Give blood order to technologist at The Blood Center. (Ex. type and cross-match.)
 - b. Cross-match may take three (3) hours.
 - c. Order for uncross-matched blood has to be specific on form.
 - d. Blood to be drawn in one red-top plain (without media) tube, one purple top tube.
 - e. Tubes to be initialed by drawing person.
 - f. Complete blood bank voucher.
4. Once the blood has been cross-matched, the blood bank will return the unit to the Center. The unit of blood will be wrapped with ice and accompanied with a transfusion record. The unit of blood should be hung within thirty (30) minutes of arrival to the Greater New Orleans Surgery Center.
5. Refer to binder for administrative procedure.

B. Planned (autologous) blood administration:

1. Check permit for appropriate signature.
2. Call the Blood Center to obtain blood. They will bring ASAP.
3. Refer to binder for administrative procedure.

- C. In the event of a reaction, turn infusion off. Keep vein open with saline and refer to reaction section in binder.

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Page 1 of 1 Reviewed:
. August 1, 2001¶
. August 1, 2003¶
. Implemented: August
1, 2001¶

¶
SUBJECT: . . . Apheresis - Therapeutic
Plasma Exchange.¶

¶
PURPOSE: . . . To provide quality care to
patients receiving special¶
. procedures.¶

¶
SCOPE: . . . Perioperative nurse.¶

¶
POLICY: . . . All patients admitted to the
facility for apheresis will be observed for
therapeutic drug effects, prevention of
adverse effects, accurate documentation
of the patient's response and the
monitoring process.¶

¶
PROCEDURE: . . . ¶

¶
1. Patient admitted on stretcher to
PACU.¶

.
2. Nursing graphic used to document.¶

A. . . EKG¶
. . . B. . . BP¶
. . . C. . . Heart rate . . . ¶
. . . D. . . O2 saturation¶
. . . E. . . IV used (Davolphan catheter)
(Site SC)¶

. All above to be documented every
10 minutes.¶

. F. . . Oral temperature - documented
every 30 minutes. ¶

¶
3. OR record to be used for
documentation of procedure.¶

¶
. . . A. . . Pre-op diagnosis is thrombolytic
thrombocytopenic purpura.¶

. . . B. . . Procedure: Apheresis -
therapeutic plasma exchange.¶

. . . C. . . Anesthesia marked other with
write in of none needed.¶

. . . D. . . Document time in and time out
only.¶

E. . . Medications given by accompanying
nurse to be documented on OR record,
and a progress sheet provided for her
documentation also.¶

. . . F. . . Perioperative nurse documented
as 2nd circulator¶

. and accompanying nurse as
circulator.¶

G. . . Patient transferred to PACU ¶ [1]

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1, 2003¶

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Greater New Orleans Surgery Center

CARE OF SURGICAL SPECIMENS

Page 1 of 5

Reviewed: August 1, 2001

~~8/01/03, 05/01/2009~~

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Care of surgical specimens.

PURPOSE: To ensure proper care of all specimens.

SCOPE: All perioperative nurses.

POLICY: Perioperative nurses will follow proper protocol for care of surgical specimens, ensuring proper care and labeling of specimens needed for diagnosis of surgical patients.

PROCEDURE:

A. Labeling - completed by perioperative nurses.

1. Gum label: Pre-printed patient information label (patient name, account number, date of service, doctor are on label).
 - a. Applied to outside of each specimen container.
 - b. Applied to top of each page of request slip.
2. Specimen request slip: Must accompany specimens.
 - a. Labeled properly and filled in with clinical diagnosis, type and number of specimens.
 - b. Complete all needed patient info as request on specimen request order including all patient specific and insurance information.

B. Delivery of specimens to lab/pathology.

1. Specimens are collected by lab personnel:
 - a. Periodically during normal business hours or as needed.

2. Frozen sections are taken by available personnel to – East Jefferson General Hospital

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Deleted: or Doctors Hospital of Jefferson.

C. Types of specimens and care:

1. Tissue: At request of surgeons, tissue removed is sent to pathology with the exceptions that have been approved by the Medical Advisory Board.
 - a. Specimens must be placed in containers and labeled. Separate specimens should be placed in separate containers, labeled and numbered sequentially.
 - b. Tissue placed in container with 10% Formalin except as specified below.

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Greater New Orleans Surgery Center

CARE OF SURGICAL SPECIMENS

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- c. Do not handle cervical or cone biopsies with hemostat. Carefully drop from sponge into container with 10% Formalin.
2. Frozen sections: Placed in dry sterile container and sent to pathology immediately when obtained from surgeon. Moistened saline Telfa may be added to container.
 - a. When booking frozen section, scheduling will notify pathologist as to time and date of surgery (at least one day in advance).
 - b. Do not handle specimen with hemostat, cells could be destroyed.
 - c. If non-scheduled frozen section is done, notify Clinical Manager and pathology ASAP and handle as above.
 - d. Additional specimens with frozen sections are placed in Formalin for permanent section and sent to same lab frozen section was sent to for continuity of care.
 - e. Report of frozen must be physician to physician verbally or may be transmitted in writing by circulating nurse.
 - f. Frozen sections must be logged in specimen book.
3. Aspirations of cul-de-sac: For cytology, in dry test tube or culture tube to lab as soon as possible.
4. Blood clots and hematomas: Aspiration of hematoma or blood clot discarded in contaminated hopper unless the surgeon requests a test be performed.
5. Bone: In Formalin unless otherwise specified.
6. Bullets: Call police department. Officer should come to facility. Bullet remains in circulating nurses or Clinical Manager's care until police receive bullet on entrance to operating room.
7. Cultures: Send to laboratory.
 - a. Cultures in dry test tubes or containers are sent to lab as soon as possible.
 - b. Cultures in culturettes go to lab as soon as possible.
 - c. A culture must be taken at request of surgeon when pus is seen or suspected or when there is a question of possible infection.
 - d. Cultures must go to lab with slip marked accurately as to what culture is to be done.
 - e. Cultures are to be placed in the following containers:
 - 1) Routine and sensitivity: Culturette swab.

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CARE OF SURGICAL SPECIMENS

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- 2) Identification only: Culturette swab.
- 3) Urine: Sterile container.

8. Smears:

- a. Fungus: Slide.

9. Sputum:

- a. For cytology: Dry container.
- b. Acid fast: Dry container.

10. Testicular fluid: Sterile test tube.

D. Specimen containers:

1. Specimen containers and Formalin for tissue are supplied by Quest ~~Diagnostics~~.
2. Blood tubes and culturettes are supplied by Quest Diagnostics
2. Culture plates (Rodac) supplied by Quest Diagnostics.

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E. Multiple specimens: Tissue specimens from different locations in same patient are placed in separate containers. The containers are labeled and marked with number. One tissue request is used, but the slip designates the appropriate container number, specimen location and specimen type. If two tissue slips are needed, start second slip with highest number.

F. Gross examination only: Some tissue requires only gross examination by the pathologist. The surgeon must so designate those specimens as approved by the Medical Advisory Board. Circulating nurse should note this on lab slip.

G. Implants, ~~specimens and hardware~~ removed and not sent for pathologic examination should be ~~documented in the OR record and also on the post operative orders and signed by the physician that the specimens were not sent to lab.~~

Deleted: photographed and photograph labeled and placed in chart. Other specimens may be photographed prn

H. Logging specimens:

1. Specimens are charted on operative record with appropriate number being sent to lab.
2. Specimen log book: A patient label is placed in the log book, indicating the number of specimen containers sent to the lab.

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CARE OF SURGICAL SPECIMENS

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3. Duplicate copy of lab/path requisition slip is placed in the patient's chart on the clinical (right) side.

I. Documentation:

1. A copy of the specimen request slip will remain in the chart and serve as verification that specimen was sent.
2. The final report should be received from laboratory or pathology department within one week.
3. If the report does not arrive within this time frame, the appropriate facility will be called to obtain the results.

J. Pathology specimen disposition:

1. Exceptions to sending specimens removed during a surgical procedure to a laboratory unless requested by a physician:
 - a. Cataracts.
 - b. Foreign bodies.
 - c. Vaginal mucosa.
 - d. Scar tissue.
 - e. Intra-uterine devices.
 - f. Varicose veins.
 - g. Nasal cartilage.
 - h. Toenails and fingernails.
 - i. Fragments of bones.
 - j. Teeth.
 - k. Excessive skin with no subcutaneous masses.
 - l. Surgical hardware.
 - m. Fat from suction lipectomy.
 - n. Access ports.
 - o. Ear tubes.
 - p. Drainage tubes.
 - q. Eye muscle.
2. Breast implants - Patient request to receive implant specimens.

a. Verbal order to be given by physician and written as such on doctor's order sheet.

Deleted: a. Patient to sign request to receive implant specimens. (Copy behind policy)¶
b

CARE OF SURGICAL SPECIMENS

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b. Circulating nurse to chart on specimen slip plainly: Specimens to be given to patient at the laboratory.

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c. Specimen to be properly labeled and appropriate paper work sent to appropriate laboratory. Gross/microscopic only.

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CARE OF SURGICAL SPECIMENS¶
¶
Page 5 of 5¶
¶

d. Laboratory to retain specimens and dispense to patient from their facility

3. NOTE: Always ask physician if he/she wants specimen sent for gross. If not, these specimens can be discarded or sent with patient with a written verbal order.

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4. The verification of removal of the above must be noted on the O/R record by the circulating nurse and must be documented on the operative report.

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COLLECTING BLOOD SPECIMENS

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- M. Upon vein entry, immediately insert required collecting tubes one at a time by pushing them up all the way into the holder. Remove vacuum tube before withdrawing needle.
- N. Upon completion of required collection, release tourniquet and have patient release his/her fist.
- O. Place a piece of dry sterile gauze over needle and withdraw carefully.
- P. Immediately apply pressure to puncture site with sterile swab and either ask patient to elevate his arm while applying pressure or ask patient to bend his/her arm at the elbow, exerting pressure over the puncture site until firm clot has formed.
- Q. Always apply band-aid strip to puncture site and wait a few minutes before releasing patient.
- R. Label tubes immediately
- S. A syringe and needle may be used on difficult veins. Upon withdrawing needle in this method, transfer blood to appropriate tubes by inserting needle through rubber tops and gently releasing blood. Avoid squirting blood as this breaks up red blood cells.
- T. Fill out appropriate lab form (see lab policy and examples).
- U. Store collected specimens in designated plastic bags with biohazardous label including top copy of lab form and copy of patient's face sheet. Place in designated holding bin.

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Storage:

- A. Quest blood work is placed in blue holding bin in lobby. If blood is drawn in the afternoon, call Quest @ 889-2307, to verify pickup today. Bring specimen to reception desk.
- B. Lab results will be available the next morning via designated printer.
 - 1. Quest results are printed overnight. If results are not printed, call 800-697-9302, account # 70979

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PROCEDURE 2: Collecting tubes:

All red top tube (serum) must sit upright for 10-15 minutes and are then spun down in centrifuge for 10 minutes.

- A. CBC - Full lavender top tube.

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COLLECTING BLOOD SPECIMENS

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Gently rotate 7-8 times immediately after drawing.
Send to Lab same day as drawn.
Refrigeration not required.
Label tube with patient's name, date.

- B. Chem-7 - Collect 4-5 cc - red top tube with separator gel.

Allow specimen to sit upright 10-15 minutes.
Label tube with patient's name, date.

- C. PT and PTT - Full blue top.

Gently rotate 7-8 times immediately after drawing.
Label tube with patient's name, date.

- D. Platelet count - Full lavender top.

May be done from same tube as CBC.
Treat same as CBC.

- E. Sickle cell - Lavender top.

May be done from same tube as CBC

Treat same as CBC.

- F. Glucose only - Full grey top. Usually done with Chem-23.

May be done from a red top, but grey is preferred.
Label tube with patient's name, date.

- G. HCG - qualitative pregnancy test - Full red top with separator gel. (Done with Chem-23.)

Allow specimen to sit upright 10-15 minutes, and then spin in centrifuge for 10 minutes.
Label tube with patient's name, date.

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- I. UCG - urine pregnancy test - performed at surgery center.

Collect as for UA; Use pregnancy test kit as directed.
Record results on specimen result form - two perioperative nurses must read results and sign form.

- J. Additional lab work requested.

Follow directions for amounts of blood required and type of tube listed on requisition.

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COLLECTING BLOOD SPECIMENS

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PROCEDURE 3:

Laboratory supplies:

- A. Assorted blood tubes - purple, blue, grey and red tops.
- B. Band-aids.
- C. Alcohol wipes.
- D. Needles - short 20, 21 and 22 gauge and venojects.
- E. Syringes - 3, 5 and 10 cc.
- F. Holder for venojects.
- G. Tourniquet.
- H. Ammonia ampules.
- I. Gauze sponges - 2x2s.
- J. Blood lancets.
- K. Urine collection containers. Non-sterile cups stored in preop; sterile cups for clean catch midstream stored in O/R back hallway cubicle near GI lab.
- L. Plastic bags for specimen transport with biohazardous label.
- M. Accu-Chek machine.
- N. Blood glucose testing stix (Chemstrip).
- O. Urine pregnancy tests.
- P. Gloves.
- Q. Lab requisition forms.
- R. Instruction sheets.
- S. Charge vouchers.

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LAB, EKG, CHEST X-RAY REPORTS

Page 1 of 1

Reviewed: August 1, 2001

8/01/03, 05/01/2009

Implemented: August 1, 2001

SUBJECT: Lab, EKG, chest x-ray reports.

PURPOSE: To provide optimum safety and ensure safe administration of anesthetic agents to the patient undergoing surgery/procedures.

SCOPE: All staff.

POLICY: Reports and physical data needed for surgery/procedures are to be obtained and placed on the chart prior to moving the patient to the operating room.

PROCEDURE:

- A. Review test results.
- B. Report any abnormal findings to the anesthesiologist/physician.
- C. Place reports on the appropriate charts.
- D. If reports are not on chart, check in front office; if not there, call the lab, radiology office, etc. to obtain a verbal report. Write the results down and follow steps 1 and 3. When the printed results are delivered, place these on the chart and remove the handwritten ones.
- E. If the results cannot be obtained before the surgery, the surgeon must write on the progress notes that the report is not necessary and that he assumes responsibility. The anesthesiologist must agree with this before the surgery can commence. If the anesthesiologist ordered the tests, then he/she must make the decision as to whether or not the reports are essential or if he/she will start anesthesia without the reports.
- G. In the event of abnormal blood/lab values, the anesthesiologist is notified and will contact the physician, if necessary. Abnormal results are documented in lab book, and copies are sent to surgeon. Known follow-up care is to be completed prior to day of surgery.

Comment [PAN1]: Why delete?

Deleted: HEMOGLOBIN AND HEMATOCRIT(Hgb and Hct)

Page 1 of 2 Reviewed: August 1, 2001¶

. August 1, 2003¶
. Implemented: August 1, 2001¶

SUBJECT: Hemoglobin and hematocrit (Hgb and Hct).¶

PURPOSE: Protocol is established to obtain an accurate Hgb and Hct of surgical patients during their stay while in the facility.¶

SCOPE: All perioperative nurses.¶

POLICY: Perioperative nurses will follow protocol for obtaining Hgb and Hct, providing an accurate check of these preoperatively.¶

PROCEDURE: To obtain Hgb and Hct readings using Stat-Crit Portable Computing Device.¶

A. Draw blood by using blood sample carrier (kept in top of Stat-Crit machine).¶

1. Clean area where blood sample is to be drawn with alcohol, allow area to dry.¶

2. Puncture cleansed area with lancet.¶

3. Wipe away first drop of blood with clean gauze.¶

4. Do not squeeze sample area.¶

5. Fill carrier - blood must extend beyond electrodes and be free from air bubbles, foam or clots. It may be necessary to tap to enhance capillary action.¶

6. May use posterior portion of IV Jelco once inserted.¶

B. Operating Stat-Crit instructions.¶

1. Insert sample carrier firmly into slot on front of instrument, ensuring full engagement.¶

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LABORATORY LOGBOOK

Page 1 of 1

Reviewed: August 1, 2001

~~8/01/03, 05/01/2009~~

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Laboratory logbook.

PURPOSE: A laboratory logbook has been established in order to track all laboratory testing sent out of the facility including turn-around and abnormal results follow-up.

SCOPE: Perioperative nursing personnel.

POLICY: This logbook will be kept in Preop and will be maintained on a daily basis.

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PROCEDURE:

A. The employee who performs the venipuncture will complete the information on the laboratory schedule sheet including patient name, date drawn, and tests ordered. The sheet will be placed in the logbook at the end of the day.

B. A nurse will review test results, and place copy on patient's record. Any abnormal results will be documented and reported by the nurse to the surgeon and anesthesiologist. Abnormal results and follow-up will be documented in the Laboratory Log Book.

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Deleted: Follow-up High Risk

C. Test results obtained by patient, primary care physician's office, or surgeon will be reviewed for abnormal findings. The abnormal results will be communicated to the surgeon, and/or anesthesiologist, and documented as such. Further orders will be obtained, documented, and follow-up completed.

Deleted: and/or primary care physician

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PREGNANT PATIENTS

Page 1 of 1

Reviewed: August 1, 2001

8/01/03, 05/01/2009

Implemented: August 1, 2001

SUBJECT: Pregnant patients.

PURPOSE: To protect the patient who may be pregnant and the fetus.

SCOPE: All personnel.

POLICY: Female patients of childbearing age will have measures provided that prevents harm to the pregnant patient and fetus.

PROCEDURE:

- A. Patients are asked if there is any possibility they may be pregnant during the preoperative interview.
- B. The Anesthesiologist will ask any patients undergoing an anesthesia procedure if there is any possibility they may be pregnant.
- C. A urine pregnancy test will be performed on all menstruating females which include patients who have had a tubal ligation but excluded patients who have had a hysterectomy.
- D. Urine pregnancy tests will be documented on preoperative record.

Deleted: PANIC VALUES¶

¶ The referring physician is to be notified immediately for any of the following values:¶

	Less Than	Greater Than
Sodium	110 mEq/l	or 170 mEq/l¶
Potassium	3 mEq/l	or 6.0 mEq/l¶
Glucose	60 mg/dl	or 300 mg/dl¶
Calcium	7.0 mg/dl	or 13.0 mg/dl¶
Dilantin (Phenytoin)		12.0 mg/dl¶
Phenobarbital		40.0 mcg/ml¶
Theophylline		20.0 mcg/ml¶
Digoxin		2.5 mcg/ml¶
White Blood Cell Count	3.0	or 20.0¶
Hemoglobin	10.0	or 18.0¶
Hematocrit	26.0	¶
Platelet Count	80,000	or 700,000¶

... [3]

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Deleted: The preoperative questionnaire includes a statement regarding the possibility of pregnancy and harm to the fetus and patient. Signs are posted in both the preoperative area and lab.¶

D. Serum pregnancy tests are per ... [4]

Deleted: F. Female patients, non-menopausal, who have not had a hysterectomy must have a serum and/or urine pregnancy test preoperatively unless otherwise ordered by the physician. (Tested individuals include patients having previously undergone tubal ligation.)¶

... [5]

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QUALITY CONTROL TESTING

Page 1 of 1

Reviewed: August 1, 2001

8/01/03, 05/01/2009

Implemented: August 1, 2001

Deleted: August
1, 2003

SUBJECT: Quality control testing of HCT machine and Quick Vue Pregnancy Test.

PURPOSE: Quality assurance for our patients.

SCOPE: All personnel.

- POLICY:
1. Each day the HCT machine is used a PARA 4 test is preformed.
 2. Each new box of Quick Vue pregnancy test a positive and negative test is performed.

PROCEDURE: Follow instructions according to package insert for the brand of pregnancy test that the center is using.

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APHERESIS

Page 1 of 1

Reviewed: August 1, 2001
August 1, 2003
Implemented: August 1, 2001

SUBJECT: Apheresis - Therapeutic Plasma Exchange.

PURPOSE: To provide quality care to patients receiving special procedures.

SCOPE: Perioperative nurse.

POLICY: All patients admitted to the facility for apheresis will be observed for therapeutic drug effects, prevention of adverse effects, accurate documentation of the patient's response and the monitoring process.

PROCEDURE:

1. Patient admitted on stretcher to PACU.
2. Nursing graphic used to document:
 - A. EKG
 - B. BP
 - C. Heart rate
 - D. O2 saturation
 - E. IV used (Davalphan catheter) (Site SC)
All above to be documented every 10 minutes.
 - F. Oral temperature - documented every 30 minutes.
3. OR record to be used for documentation of procedure.
 - A. Pre-op diagnosis is thrombolytic thrombocytopenic purpura.
 - B. Procedure: Apheresis - therapeutic plasma exchange.
 - C. Anesthesia marked other with write in of none needed.
 - D. Document time in and time out only.
 - E. Medications given by accompanying nurse to be documented on OR record, and a progress sheet provided for her documentation also.
 - F. Perioperative nurse documented as 2nd circulator and accompanying nurse as circulator.
 - G. Patient transferred to PACU nurse at end of procedure for at least one hour stay. PACU record started at this time.

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Penny Nichols

5/30/2009 9:18:00 PM

HEMOGLOBIN AND HEMATOCRIT(Hgb and Hct)[PAN1]

Page 1 of 2

Reviewed: August 1, 2001
August 1, 2003
Implemented: August 1, 2001

SUBJECT: Hemoglobin and hematocrit (Hgb and Hct).

PURPOSE: Protocol is established to obtain an accurate Hgb and Hct of surgical patients during their stay while in the facility.

SCOPE: All perioperative nurses.

POLICY: Perioperative nurses will follow protocol for obtaining Hgb and Hct, providing an accurate check of these preoperatively.

PROCEDURE: To obtain Hgb and Hct readings using Stat-Crit Portable Computing Device.

- A. Draw blood by using blood sample carrier (kept in top of Stat-Crit machine).
 - 1. Clean area where blood sample is to be drawn with alcohol, allow area to dry.
 - 2. Puncture cleansed area with lancet.
 - 3. Wipe away first drop of blood with clean gauze.
 - 4. Do not squeeze sample area.
 - 5. Fill carrier - blood must extend beyond electrodes and be free from air bubbles, foam or clots. It may be necessary to tap to enhance capillary action.
 - 6. May use posterior portion of IV Jelco once inserted.
- B. Operating Stat-Crit instructions.
 - 1. Insert sample carrier firmly into slot on front of instrument, ensuring full engagement.
 - 2. Correct insertion is indicated by a short "tone".

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3. Green computing light flashes during measurement.
4. A short "tone" signals that measurement is completed.
5. Note readings on appropriate form.
6. Remove sample carrier and dispose.

HEMOGLOBIN AND HEMATOCRIT (Hgb and Hct)

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NOTE: Error light indicates an improperly filled sample carrier (or a reading outside the instrument range of 10-7- Hct%).

CALIBRATION

PROCEDURE:

The facility will do a quarterly test for quality of accuracy by taking a client's blood and testing it by sending it to SmithKline Labs and comparing it to the results we have obtained by the Stat-Crit machine. This will be completed on a quarterly basis.

CLEANING

PROCEDURE:

Cleaning of the machine will be completed daily with disinfectant to rid of dust, dirt and blood.

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PANIC VALUES

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The referring physician is to be notified immediately for any of the following values:

	<u>Less Than</u>		<u>Greater Than</u>		
Sodium		110 mEq/l	or		170 mEq/l
Potassium		3 mEq/l	or		6.0 mEq/l
Glucose		60 mg/dl	or		300 mg/dl
Calcium		7.0 mg/dl	or		13.0 mg/dl
Dilantin (Phenytoin)					12.0 mg/dl
Phenobarbital mcg/ml					40.0
Theophylline mcg/ml					20.0
Digoxin					2.5 mcg/ml
White Blood Cell Count		3.0	or		20.0
Hemoglobin		10.0	or		18.0
Hematocrit		26.0			
Platelet Count		80,000	or		700,000

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The preoperative questionnaire includes a statement regarding the possibility of pregnancy and harm to the fetus and patient. Signs are posted in both the preoperative area and lab.

- D. Serum pregnancy tests are performed on patients undergoing gynecological procedures unless otherwise ordered by the physician.
- E. Any female patient indicating the possibility that she may be pregnant will have a urine pregnancy test performed to confirm or relieve doubt.

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- F. Female patients, non-menopausal, who have not had a hysterectomy must have a serum and/or urine pregnancy test preoperatively unless otherwise ordered by the physician. (Tested individuals include patients having previously undergone tubal ligation.)

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