Critical values in patient care

Lundberg coined the term critical (panic) values (CVs) for results, representing a pathophysiological state at such variance with normal as to be life-threatening unless something is done promptly, and for which some corrective action could be taken.\(^1\)

For routine chemistry and hematology analytes, the CV lists vary between laboratories and outpatient versus inpatient reporting. A change in therapy resulted from 65% of reported CVs, with 94.9% of physicians indicating that critical results are valuable for patient care.\(^2\)

Well-defined guidelines being absent and scant literature addressing the issue in anatomic pathology, common sense, and personal experience of the pathologist determines the decision to communicate to the clinicians. What constitutes this list of CVs? Some examples are unexpected malignancy or infection in the tissue removed.

Most CVs in laboratory medicine are time sensitive but in anatomic pathology, they are information sensitive. Guidelines for definition, methods of implementing, and communication time frame in consensus with clinicians would determine CVs in individualized service or common to all services.

In my experience, I have received a mixed reaction from clinicians when CVs are conveyed, some happy and others consider it “wasteful.” We need to explore and promote discussion on these issues.

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References

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