Biochemistry Phone Limits

Principle

Abnormal results are phoned when timely intervention may prevent/reduce potential harm.
The following list has been compiled with applicable overseeing Pathologist oversight.

Interferences

Phone if sample contamination is suspected to confirm, advise, and/or request recollect.
Phone ED if sample is unsuitable for analysis, e.g. grossly haemolysed, insufficient.

Note

There may be scenarios where a phone call is inappropriate, and at the discretion of the science or pathologist, a call will not be made.
There are other results/scenarios that are not listed that will also require a phone call. Refer any anomalies to Site Lead or pathologist.

Analyte	Phone Alert Level		First time and persisting levels
	Low Limit	**High Limit**	
Renal & Electrolytes			
Sodium	< 125	> 155	First time or worsening by > 5 or when < 115
Potassium	< 3	> 5.9	Renal > 6.5 first time or worsening by > 0.3
Creatinine		> 350	First time; in community
Extended Electrolytes			
Calcium (adjusted)	< 1.8	> 3.1	First time or worsening by > 0.2
Glucose	< 2.5	> 24	First time
Phosphate	< 0.4		First time or > 1 week since previous result
Magnesium	< 0.5	> 1.8	First time
Gastric			
Amylase		> 400	In community ≥*4 times upper limit*
Lipase		> 280	In community ≥ *4 times upper limit*
Cardiac			
CK		> 2000	In community
Troponin I		> 12 Female	In community
		> 20 Male	In community
Neonatal			
Bilirubin Day 1		> 150	
Day 2		> 200	
Day 3		> 250	
Day 4 - Day 30		> 300	
Therapeutic Drugs			
Digoxin		> 2.0 nmol/L	6 hours or more post dose
Carbamazepine		> 51 µmol/L	First time, also > 20 increase
Phenobarb		> 170 µmol/L	First time, also > 40 increase
Phenytoin		> 80 µmol/L	First time, also > 20 increase
Valproic acid		> 700 µmol/L	First time, also > 100 increase
Lithium		> 1.4 mmol/L	
	Pre-dose	Post/Random	
Vancomycin	> 5	> 25	
Gentamicin	> 1	> 25	
Tobramycin	> 1	> 25	
Amikacin	> 10	> 60	
Endocrine			
Cortisol	< 100		