

# PEDIATRIC HYPERKALEMIA PROTOCOL- BIOCHEMISTRY

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with \* are mandatory and must be clearly legible or can result in specimen rejection.

<b>ORDERING PROVIDER INFORMATION</b>		PATIENT INFORMATION- Label/ Addressograph preferred	
*Last & Full First Name:		*Last/First Name: (per MB Health Card)	
Billing Code:	Inpatient Location:	* Date of Birth (dd/mm/yyyy)	
*Facility Name/Address		*Sex: Female Male	
Phone No:	Fax No:	*PHIN:	
Critical Results Phone Number:		*Specify Province or DND if different	
<b>COPY REPORT TO: (if info missing, report may not be sent)</b>		MRN:	
Last & Full First Name:	Fax No:	Encounter Number:	
Facility Name/Address:	Phone No:	Patient Phone Number:	
Last & Full First Name:	Fax No:	Patient Address:	
Facility Name/Address:	Phone No:	Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	
<b>Fields marked with "♦" required by person collecting sample</b>		♦Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line	
♦Collector:	♦Collection Date:	♦Time:	<input type="checkbox"/> Above shut off IV
# Serum vial(s) _____	# Plasma vials(p) _____	Referring Lab: # of tubes sent _____	Samples shipped frozen <input type="checkbox"/>

\*Result to be called to: \_\_\_\_\_

## PEDIATRIC HYPERKALEMIA PROTOCOL

\*\*\* For HSC Children's Hospital Use Only \*\*\*

### Specimen Collection:

Light Green Tube (Lithium Heparin PST Tube)

**INFORM HSC BIOCHEMISTRY @ 787-1534 WHEN SAMPLE IS DRAWN**

**TRANSPORT IMMEDIATELY TO BIOCHEMISTRY LABORATORY**

Test Name

Test Code

Potassium

K

### In Lab use only:

- Accession sample as per accessioning SOP
- Forward sample along with requisition to automated area
- Perform analysis on Cobas analyzer
- Phone the Potassium result to the ward