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This means **we get no call** in the lab from Presby. These DO print to the NRER to be handled.

**For Isolation Purposes**

**CRITICAL VALUES**

**NON- CRITICAL VALUES**

**MICROBIOLOGY:**

**Presby Dallas Lab**

**Cultures: Critical-**blood **Non-critical:** urine, wound, STD,respiratory, Cdiff etc.

Positive blood cultures or isolation agents **regardless of discharge site**

**CERNER (no notification to lab)**

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**Directly into Theradoc (inf prev software)**

**Directly into patient’s EMR**

**Discharged from Inpatient/Outpt**

**Discharged from ED?**

**ROCKWALL LAB**

**Inf Prevention follows up with Sound for previous inpatient**

Reviewed by IP only for public reporting purposes (i.e. CAUTI, CLABSI, SSI, Reportable Conditions)

**Prints real time to North ED Lab printer**

PREVIOUS INPATIENT

**CURRENT INPATIENT**

House Sup

Infection Prev.

Responsible Physician

House Sup

Infection prev.

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After Hours

Business Hours

**Lab staff hand printout to clinical staff**

Followed up by treatmt team

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Physician

RN/ LVN

Responsible Physician

Reviewed by North ED clinical staff for appropriate drug coverage

Await next business day (weekends) or addressed by Kristi Martin in absence of IP

**(\*\*Culture reconciliation paper form filled out by clinical staff)**

North ED provider on staff reviews form and returns to clinical staff

Follow up by either:

* Calling in new script to pharmacy
* Call to check on patient per MD orders
* Contact transfer facility with results
* Send certified letter

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Follow up with PCP

Return to ED if not better

Notify transfer facility

**Close the loop by:**

* Scanning completed reconciliation form into medical record
* Document reconciliation under nurse notes
* Log reconciliation on log stored on shared drive

\*\*House Sup documents reconciliation on patient’s medical record. Paper form submitted to Inf Prev. for filing