

Policy setting out how the results of investigations are reviewed, acknowledged and acted upon by the GICU team.

Document reference

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References

Introduction

This policy has been formulated to ensure that the GICU care group has clear procedures to ensure that the results of all investigation are reviewed and acted upon in a timely manner. It is based on the trust policy [\[1\]](#).

The BMA states that the ordering clinician is responsible for receiving and acting upon results [\[2\]](#). Delegation of responsibility is a vital part of how the Trust functions but the BMA states that any such delegation must be clear, result in an appropriate audit trail and be flexible enough to manage planned and unplanned absences of various team members including the responsible consultant.

Scope

This document applies to all clinical staff who order tests including medical, nursing and professions allied to medicine. This policy also takes account of the responsibilities of pathology and radiology to ensure joined up systems.

1. Point of care tests including: blood gases, thromboelastography, capillary glucose and urinalysis

The clinician performing these tests should ensure that the results are:

- Either transcribed onto the ICU observations chart **OR** copied into an iCLIP document
- Acted on by the practitioner and / or escalated to a more senior member of the GICU team

2. Routine / daily (e.g. “ICU profile”) Haematology and Biochemistry results

- Relevant / important normal and abnormal results should be documented in the ICU daily Medical progress note
- Where additional investigations or non-routine interventions are warranted, the decisions should be recorded in the ICU daily Medical progress note
- Consultant review of these daily tests forms part of routine daily ward rounds and does not require a separate / explicit audit trail. If the ward round happened and is documented then it can be safely assumed that these results were reviewed
- Where routine ICU interventions are required, e.g. replacement of electrolytes, this should be recorded on the ICU chart **AND** in Medicines administration on iCLIP.

3. ECGs and point-of-care ultrasound / echocardiography

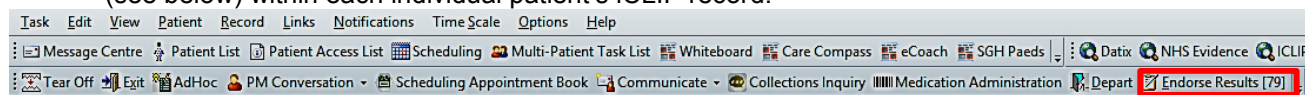
- Relevant / important normal and abnormal results should be documented either in the ICU daily Medical progress note **OR** in a separate ICU Procedure note in iCLIP Documentation.
- Where additional investigations or interventions are warranted, the decisions should be recorded alongside the result

4. Investigations with a short turnaround (hours up to 3 working days) – Neurophysiology, Endoscopy, Departmental Echocardiography, most Microbiology, Immunology etc

- A list of outstanding investigation results should be maintained in the daily ICU Medical progress note
- As results become available, significant positive and negative findings should be included within the daily ICU Medical progress note.
- Should a patient be stepped down to a ward before the result is available this must be highlighted in the ICU episode summary. The responsibility for reviewing and acting upon the result then passes to the accepting / parent clinical team.
- Should a patient on the unit be discharged from the hospital before a result is available, the long week (RED) consultant is responsible for reviewing the result, creating an appropriate action plan and documenting this as a separate note in iCLIP. If necessary, this may need to be passed onto the successive long week consultant. The method for ensuring this occurs is by adding the patient to the “GICU results awaited” patient list, into which all the GICU consultants have been proxied.

5. Radiology, Diagnostic Cytology and Histopathology

- All results from these investigations should be endorsed using the “Endorse Results” toolbar button (see below) within each individual patient’s iCLIP record.



- Relevant / important normal and abnormal results should be documented in the ICU daily Medical progress note
- For CT scans in particular, any comments **MUST** include whether the result is based upon a Preliminary **OR** Final report, as there can be significant discrepancies between these 2 reports. Any Preliminary results should be considered “outstanding” until the final result has been checked.

References

1. Trust Policy – “Acting on Diagnostic Test Results”; *available at* <http://stg1wordpress01/wordpress/wp-content/uploads/2016/06/Acting-on-Diagnostics-Test-Results.pdf>
2. Acting upon test results in an electronic world; *available at* <https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/test-results-in-an-electronic-world>