



# Prince Sultan Military Medical City

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وزارة الدفاع  
MINISTRY OF DEFENSE

Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-03-023 Version No: 07		
<b>Title: Laboratory Critical Test and Critical Result Reporting</b>		JCI Code: IPSG		
Supersedes: 1-1-8062-03-023; Version No. 06; 26 Jan 2021	Issue Date:	Effective Date: 23 AUG 2023	Revision Date: 22 AUG 2026	Page 1 of 12

### 1. PURPOSE

- 1.1 To establish a list of critical tests and results for reference of all clinicians.
- 1.2 To set guidelines on how to communicate critical laboratory results.
- 1.3 To demonstrate compliance with regulatory and/or accreditation for required critical results notification by laboratories to develop, track and improve the timeliness of reporting and receipt of critical test results to authorized PSMMC and PSCC healthcare providers.
- 1.4 To provide a mechanism for all Pathology, Nursing, Paramedical and Medical Staff on the proper management and communication of critical tests and critical results when a critical result is obtained in an analysis.

### 2. POLICY

- 2.1 Critical laboratory tests are predetermined and managed in a timely manner and communicated by the laboratory specialist to the relevant health care provider in a systematic manner.
  - 2.1.1 STAT Tests and Turnaround Times (Appendix 9.1)
  - 2.1.2 Critical Results / Values – Inpatient (Appendix 9.2)
  - 2.1.3 Critical Results / Values – Outpatient (Appendix 9.3)
- 2.2 Critical laboratory test results must be communicated to the authorized healthcare provider by phone within 20 minutes of obtaining the results.
- 2.3 A “Read Back/Verification” by the authorized healthcare provider receiving the result is mandatory to ensure that there is no misunderstanding of verbal communication.
- 2.4 “Read Back/Verification” must be documented in the patient medical record by the receiving authorized healthcare provider.
- 2.5 The following information must be documented in the Critical Test Reporting Form (Appendix 9.4) of the patient medical record when receiving critical laboratory results:
  - 2.5.1 Patient’s complete name
  - 2.5.2 Patient’s medical record number (MRN)
  - 2.5.3 Type of test performed
  - 2.5.4 The critical results
  - 2.5.5 Name of the Laboratory technologist giving the result
  - 2.5.6 The name, signature and employee number of the authorized healthcare provider receiving the result
  - 2.5.7 Date and time of the communication
  - 2.5.8 Read back/verification done.



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### 2.6 Electronic Transmission of the critical laboratory results:

- 2.6.1 The Laboratory Specialist should confirm receipt of the result by the intended recipient (by phone call). No read back is necessary.
- 2.6.2 The Laboratory Specialist must document the following upon relaying the critical test results:
  - 2.6.2.1 Patient's complete name
  - 2.6.2.2 Patient's medical record number (MRN)
  - 2.6.2.3 Type of test perform
  - 2.6.2.4 The critical results
  - 2.6.2.5 Name of the Laboratory technologist giving the result
  - 2.6.2.6 The complete name and designation of the healthcare provider receiving the result
  - 2.6.2.7 Date & time of the communication

### 3. **RESPONSIBILITIES**

- 3.1 Physicians are authorized for ordering critical tests for a patient.
- 3.2 CML&BB laboratory specialists are authorized for performing critical test.
- 3.3 CML&BB laboratory specialists are authorized for verifying and reporting critical results.
- 3.4 Physician / Nurses are authorized for receiving critical result report.

### 4. **DEFINITION OF TERMS**

- 4.1 A **critical test** is one which always requires rapid communication of results. Any diagnostic test, procedure and/or study may be considered a critical test based on the assessment of the physician of the patient's status. Also, it is considered a test that has been ordered as STAT.
- 4.2 **Critical results** are defined as results that, if left untreated could be life threatening, or place the patient at serious risk, whether the specimen was submitted as routine or STAT.
- 4.3 **STAT tests** are those tests determined by the physician for emergency life threatening situations. This designation should be used judiciously as STAT order takes precedence over all other laboratory work.
- 4.4 **Routine Tests:** Tests that are collected and batched for efficiency and cost effectiveness. These results are not needed on an immediate basis for diagnosis or treatment.



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4.5 **TAT (Turnaround Time):** The interval of time between when a specimen is received by the laboratory and the results are reported. For urgent tests, TAT measurement is done from the time the specimen is ordered in the Laboratory Information System (LIS) till the result is reported

4.6 **PSMMC:** Prince Sultan Military Medical City

4.7 **PSCC:** Prince Sultan Cardiac Center

4.8 **CML&BB:** Central Military Laboratory and Blood Bank

4.9 **CQI&PS:** Continuous Quality Improvement and Patient Safety

4.10 **ED:** Emergency Department

4.11 **LIS:** Laboratory Information System

4.12 **MRP:** Main Responsible Physician

4.13 **POCT:** Point-of-Care Testing

## **5. APPLICABILITY**

This policy and procedure delegates responsibility and is applicable to all medical laboratory specialists encountering critical orders and reporting critical results and also is pertinent to all PSMMC and PSCC clinicians, Registered Nurses (RNs), Registered Midwives (RMs), and Dialysis Technicians (DTs) that utilize medical laboratory diagnostic patient testing results/reports.

## **6. PROCESS**

### **6.1 Critical Test**

6.1.1 The Department of CML&BB, through a collaborative agreement with PSMMC and PSCC clinicians, has delineated a list of critical (STAT) tests, with their expected Turnaround Times.

6.1.2 This list is reviewed biannually by CML&BB, and as needed through the office of Chairman of Medical Staff.

6.1.3 These tests are available 24 hours a day/ 7 days a week



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### 6.2 Critical Results

- 6.2.1 The Department of CML&BB, through a collaborative agreement with PSMMC and PSCC clinicians, has delineated a list of critical results.
- 6.2.2 This list is reviewed biannually by CML&BB, and as needed through the Office of Chairman of Medical Staff.
- 6.2.3 When a critical result is obtained in the lab, the test must be repeated and the result confirmed and documented before the result is released.
- 6.2.4 All critical results must be communicated by phone to the authorized healthcare provider within 20 minutes of obtaining the results.
- 6.2.5 After communication of the critical result, the laboratory specialist must verify and release the critical result in the LIS together with documentation of communication which include time, date, name of caller, name of receiver, and a note on read back.
- 6.2.6 In case the LIS is not working properly or down, manual documentation of Critical Results reporting must be followed (see section 7.3).
- 6.2.7 For any critical test results that is obtained outside the Laboratory (i.e., POCT) to document the results in the RABET system (provider notification) as per POCT policies and according to the clinical setting (i.e., operating room, respiratory therapy, etc.).
- 6.2.8 A “Read Back-as Acknowledge/Verification” by the person receiving the result to ensure that there is no misunderstanding of verbal communication is mandatory. Example of reading back; (one-six rather than sixteen). Read Back/Verification must be documented in the patient medical record by the receiving authorized healthcare provider.

## 7. PROCEDURES

### 7.1. CRITICAL TESTS REQUISITION

- 7.1.1. Critical laboratory tests may only be performed at the request of a physician or his designee.
- 7.1.2. Electronic laboratory requests must be ordered and fully completed by the physician through the RABET system and entered in the patient chart.



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7.1.3. Additional requests can also be ordered by phone for tests to be added on samples already received in the laboratory. A read back by the receiver is needed and documented.

7.1.4. In the event of hospital system downtime, manual requisition forms must be prepared and provide the following information:

- 7.1.4.1 Patient's complete name
- 7.1.4.2 Medical record number
- 7.1.4.3 Sex/Age
- 7.1.4.4 Test priority (e.g. STAT or Routine)
- 7.1.4.5 Name, bleep, and doctor's number who ordered the test
- 7.1.4.6 Location and Telephone extension
- 7.1.4.7 Date and time of specimen collection
- 7.1.4.8 Specimen type / Source, if pertinent
- 7.1.4.9 Test name or identifying code
- 7.1.4.10 Any other relevant and necessary information for a specific test to assure accurate and timely testing and reporting of results
- 7.1.4.11 Specific diagnosis or clinical indication.

7.1.5 From the laboratory side, upon receiving a request for a critical test, analysis is done immediately and resulted. If critical, it will be phoned within 20 minutes of obtaining them, and if not critical it will be available in hospital system within the specific turnaround time of the critical test (STAT test).

## 7.2 Critical Results Reporting

7.2.1 Read back/verification is the core of patient safety in reporting critical results.

- 7.2.1.1 Nurse who receives the critical results have to read back the critical results
- 7.2.1.2 In case the physician who receives the critical results in a situation that it is impossible to write the results and read it back, the MRP will inform the Nurse that he will call her / him back within 15 minutes when he has an available computer to read back the results directly from the hospital system.
  - 7.2.1.2.1 If no call back within 15 minutes, the sender will call the recipient again.

7.2.2 For any critical test results obtained through POCT, the certified POCT personnel (Nursing Staff, RT, etc.) will immediately inform the MRP/Healthcare provider except when the testing personnel is the same person who treats the patient. For any certified POCT users who have a limited privilege to report the critical result directly



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to the main authorized physician, he/she must immediately and promptly relay the result to the nurse in-charge of the patient or his /her supervisor

### 7.2.2.1 List of POCT Critical Results (see Appendix 9.5)

### 7.2.3 Inpatients (including Emergency Department patients):

7.2.3.1 It is the responsibility of the laboratory specialist to notify the registered nurse of the requesting unit and convey the critical results within 20 minutes of test completion.

7.2.3.1.1 In an event that the laboratory specialist called the clinical ward for 3 times with no answer, he is to call the following:

- GICU 1- 0550714265
- GICU 2- 0550062845
- EDICU – 0508987758
- SHDU – 0531071934
- SICU – 0558131729
- PICU – 0509581952
- NICU – 0550728056
- Other Clinical Areas (Adult / Paediatrics) - Bleep 0400 / Nursing Supervisor – 0550104694

7.2.3.1.2 In an event that the laboratory specialist called Emergency Department for 3 times with no answer, he is to call the ED Physician Main Team Leader on duty with OBI phone number 0508996258

7.2.3.1.3 In an event that laboratory specialist called PSCC clinical ward (see Appendix 9.7) 3 times with no answer to call the PSCC Nursing Supervisor (4343) OBI phone number 0533483475.

7.2.3.2 The laboratory will provide the following information in relaying critical results:

- 7.2.3.2.1 Patient's complete name
- 7.2.3.2.2 Patient's medical record number
- 7.2.3.2.3 Type of test performed
- 7.2.3.2.4 The critical results
- 7.2.3.2.5 Name of the laboratory technologist phoning the report
- 7.2.3.2.6 The name of the healthcare provider receiving the report



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### 7.2.3.2.7 Date and time of the communication

7.2.3.3 The caller (laboratory specialist) will request read back/verification of the critical result from the registered nurse receiving the verbal report. This MUST include all information listed above.

7.2.3.4 The name and title of the registered nurse who was notified and who verified/read back the results will be documented in the LIS, including the date and time of notification.

7.2.3.5 The caller (laboratory specialist) will inform the registered nurse that he/she confirmed the read back verification by the word "Confirmed".

7.2.3.6 During working hours, the registered nurse must immediately contacts MRP/treating team.

7.2.3.7 During out of duty hours, the registered nurse shall immediately contacts the 1st on-call of the clinical service.

7.2.3.8 If 1st on call specialist did not respond within 15 minutes, Registered Nurse requires to escalate the reporting process to 2<sup>nd</sup> on-call, if no response to 3<sup>rd</sup> on-call and if no response to notify the consultant.

7.2.3.9 In case of no response as per 7.2.3.6 to 7.2.3.8, the registered nurse must submit an incident report.

7.2.3.10 When (1st on call / 2nd on call / 3rd on call or Consultant) responded to the call and received the critical results, the registered nurse should document that in the critical result form (appendix 9.4) with the physician name, date and time.

### 7.2.4 From Home Support (Working Hours: 07:30 hrs. till 20:00 hrs.)

7.2.4.1. Results will be notified to ext. 45113 / bleep 1770 / mobile #0552990899 until 20:00 hrs.

7.2.4.2. The caller (laboratory specialist) will request read-back verification of the critical result as documented by the nurse receiving the verbal report. This MUST include all information listed as 7.2.3.2.

7.2.4.3. The name and title of the registered nurse who was notified and who read back/verified the results will be documented in the LIS, including the date and time of notification.



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- 7.2.4.4. The registered nurse shall immediately contact the on-call home care physician.
- 7.2.4.5. The on-call home care physician decides if the patient needs to be seen immediately in the ED.
- 7.2.4.6. If On-call home care physician decides that the patient needs to be seen immediately, the physician shall coordinate with both Patient Affairs and ED to bring the patient to be seen in ED
- 7.2.4.7. After 20:00 hrs, Home Care patient laboratory critical results shall be relayed through:
  - 7.2.4.7.1. Results for sodium, troponin, digoxin, INR and microbiology results (see appendix 9.3.1) should be relayed to the ED Physician Main Team Leader on duty with OBI phone number 0508996258.
  - 7.2.4.7.2. All other critical lab test results (appendix 9.3.3) should be relayed to Al Wazarat Health Center Nurse Station at ext. 46139/31111/30127.

### 7.2.5 Family and Community Medicine Clinics, PSMMC Specialty Clinics (Outpatient), Al Hariq F.C.C., King Abdulaziz Military Academy (KAMA) and Al Dawadmi

- 7.2.5.1 Critical results for neonatal bilirubin, neonatal potassium, sodium, troponin, digoxin, INR and microbiology results (appendix 9.3.1) should be relayed to the ED Physician Main Team Leader on duty with OBI phone number 0508996258.
- 7.2.5.2 For other critical lab test results (appendix 9.3.3), the laboratory technologist shall call the Family & Community Medicine Al Wazarat Health Centre (24 hours a day / 7 days per week) to inform them regarding the critical test results on the following extensions:
  - 7.2.5.2.1 Refer to appendix 9.9 to confirm clinic location
  - 7.2.5.2.2 FCM Nurse station at ext. 46139 / 31111 / 30127.
  - 7.2.5.2.3 FCM Emergency doctor's room at ext. 45963 during 12:00 noon up to 13:00 hrs.
- 7.2.5.3 Family & Community Medicine Al Wazarat Health Centre nurse in-charge shall receive the critical results. The caller (laboratory



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specialist) will request a read-back verification of the critical result as documented by the nurse receiving the verbal report. This MUST include all information listed as 7.2.3.2. The nurse in-charge then shall fill the critical results form (*Appendix 9.4*).

- 7.2.5.4 The nurse receiving the critical result must immediately communicate with the physician in-charge of the session.
- 7.2.5.5 Critical lab results for renal transplant outpatients (see appendix 9.3.2) should be relayed to the Transplant Physician On-Call at OBI 0558129153
- 7.2.5.6 Critical lab results for Al Hariq F.C.C. patients should be relayed directly to their clinic (24 hours a day / 7 days per week) at ext. 45349 / 46385 or OBI phone 0551042162 / 0502218512
- 7.2.5.7 Critical lab results for King Abdulaziz Military Academy (KAMA) patients should be relayed directly to their laboratory (24 hours a day / 7 days per week) at ext. 40899 / 42016.
- 7.2.5.8 Critical lab results for Al Dawadmi patients should be relayed directly to their clinic 0115258539 (8:00am-4:00pm, Sunday-Thursday) and at mobile number 0537616205 (4:00pm-8:00am, Sunday-Thursday and all weekend).

### 7.2.6 Prince Sultan Cardiac Center (PSCC) Outpatient

- 7.2.6.1 The lab technologist shall call PSCC OPD Charge Nurse at extension **87422, 82388, 82023** to convey the critical lab results during working hours (Sunday – Thursday 0730 – 1630 hours).
- 7.2.6.2 The caller from the laboratory will request read-back verification for the critical result from the nurse receiving the result. This must include all information listed in section 7.2.3.2.
- 7.2.6.3 The nurse receiving the critical test result must immediately inform the physician in-charge of the clinic session.
- 7.2.6.4 In an event that the results are generated after working hours, laboratory specialist must communicate the results to the ordering physician.
- 7.2.6.5 In the event that the MRP cannot be reached after working hours or over the weekend, the on-call physician under his/her team must be contacted.



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7.2.6.6 The physician who receives the critical results decides if the patient needs to go to Emergency or receive an appointment for OPD. The physician coordinates the requirements with the on-call Patient Affairs Supervisor.

7.2.6.7 The physician is authorized for documenting the critical test result and action taken in the patient's clinical notes.

### 7.3 L.I.S. DOWNTIME

7.3.1 Any period when LIS is not functioning as expected and is not accessible to laboratory staff due to a malfunction of the hardware, network, operating system or application program. Downtime maybe planned or unplanned and may affect whole system or specific application.

7.3.2 Relaying of critical results should not be affected with the downtime period. However, documentation should be done manually by using the Critical Result Documentation form (appendix 9.8) with all details provided.

7.3.3 Upon resumption of the system, the critical results must be entered immediately in the LIS with all the necessary details.

### 7.4 QUALITY CONTROL

7.4.1. The laboratory Quality section working through LIS will monitor all critical results triggered in the clinical laboratory. The laboratory Quality section will produce a monthly report indicating the total number of critical results as well as the total number of successfully reported to caregivers adhering to the call to and read back process within the established timeframe.

7.3.1 These critical results data are forwarded to and monitored by CQI&PS Dept.

### 8. REFERENCES

- 8.1. International Patient Safety Goal: IPSG # 2.1 ME 1-3, Joint Commission International Accreditation Standards for Hospitals, 6th Edition, 2017
- 8.2. MSD Central Policy on Reporting of Critical Laboratory & Radiology Test Results, Policy No. MSD-H-1-IPSG-201.
- 8.3. College of American Pathologists: CAP Accreditation Program General Checklist # 20316, 2022
- 8.4. ISO 15189, International Standards: Medical Laboratories-Particular Requirements for Quality & Competence: section 5.8.7, 2nd edition 2007



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- 8.5. Clinical Pathology Accreditation: CPA UK, Standards for Medical Laboratory: section F2: Version 2.02 Nov 2010
- 8.6. Key Performance Indicators in Pathology, Recommendations from the Royal College of Pathologist, April 2013
- 8.7. CLSI Standard for the Management of Critical and Significant Risk Results, Clinical and Laboratory Standard Institute, GP47, First edition, 2015
- 8.8. Pathology Consultation on Reporting Critical Values; Jonathan R. Genzen, MD, PhD, Christopher A. Torney, MD; American Journal of Clinical Pathology 2011, 135 (4); 505-513
- 8.9. DLMP Critical Values / Critical Results List [CL 041647.009], Department of Laboratory Medicine & Pathology, Mayo Clinic Laboratories, 12/01/2015

## **9. APPENDICES**

- 9.1. STAT Orders List
- 9.2. Critical Results List – Inpatient
- 9.3. Critical Results List – Outpatient
- 9.4. Critical Test Reporting Form (4-2-1007-01-091)
- 9.5. POCT Critical Results
- 9.6. PSCC Clinical Ward / Unit Contact Details
- 9.7. PSMMC Clinical Ward / Unit Contact Details
- 9.8. Critical Result Documentation During LIS/HIS Downtime (LI/F006)
- 9.9. Family and Community Medicine Dept. Clinic List



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### 10. ORIGINATING DEPARTMENT/S

Central Military Laboratory & Blood Bank (CML&BB)  
Continuous Quality Improvement & Patient Safety (CQI&PS)

Compiled by:	Signature:	Date: 29/5/2023
• Central Military Laboratory & Blood Bank	Signature:	Date: 31/5/2023
• IPSG Team		
Reviewed by:	Signature:	Date: 26-7-2023
• Emergency Department	Signature:	Date: 5/7/2023
• Family & Community Medicine	Signature:	Date: 17/7/2023
• Executive Nursing Affairs	Signature:	Date: 18/7/2023
• Transplant Department	Signature:	Date: 15/8/2023
• Prince Sultan Cardiac Center		
Reviewed by:	Signature:	Date: 17/8/2023
Brig. Gen. Dr. Abdulelah Mohammed Hummadi Director, Continuous Quality Improvement & Patient Safety (CQI&PS)		
Authorized by:	Signature:	Date: 29/5/2023
Brig. Gen. Dr. Omar Al Suhaibani Director of CML&BB	Signature:	Date: 21/8/2023
Authorized by:	Signature:	Date: 21/8/2023
Brig. Gen. Dr. Abdulrahman Al Robayyan Director of Medical Administration		
Authorized by:	Signature:	Date: 23/8/2023
Brig. Gen. Dr. Rashed Al Otaibi Executive Director for Health Affairs Chairman, Senior Medical Management Team (SMMT)		
Approved by:	Signature:	Date: 23/8/2023
Maj. Gen. Khalid Abdullah Al Hadaithi General Executive Director of Prince Sultan Military Medical City	Signature:	Date: 23/8/2023

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## APPENDIX 9.1

### STAT TESTS AND TURNAROUND TIMES

CRITICAL TEST	PERFORMING LAB	TAT
D-Dimer Test	Hematology	60 minutes
Blood Gas Profile	POCT	15 minutes
Complete Blood Count	Hematology	60 minutes
Troponin and Cardiac Surgery Profile	Chemistry	60 minutes
Potassium, Chloride, Sodium, Magnesium, Corrected Calcium	Chemistry	60 minutes
PTT, PT	Hematology	60 minutes
Transfusion Reaction Workup	Blood Transfusion Services	60 minutes
Blood Group Antibody Screen	Blood Transfusion Services	60 minutes
Crossmatch	Blood Transfusion Services	60 minutes
Frozen Section	Surgical Path	20 minutes
Pre-Transplant deceased donor crossmatch	Immunohistocompatibility Laboratory	6-8 hours

**APPENDIX 9.2**  
**CRITICAL RESULTS / VALUES – INPATIENT**

	<b>Low Threshold</b>	<b>High Threshold</b>
WBC Count( $\times 10^9/L$ )		
All Patients	<1.5	>35
Cancer Patients	Neut<0.5	<ul style="list-style-type: none"> <li>-Evidence of acute leukemia</li> <li>-Evidence of CML and WBC &gt;80</li> <li>-Evidence of CLL and WBC &gt;200</li> </ul>
Blast	First observation	
Organisms/parasites detected on smear review	First observation	
CSF, blood, or sterile body fluid with evidence of malignancy/abnormal cells	First observation	
Smear review suggestive of microangiopathic anemia (schistocytes/RBC Fragmentations)	First observation	

**MICROBIOLOGY**

Positive Gram, Zn Stain Or Mycology Stains Of Smears (CSF, Blood or Sterile Body Fluid Or Sputum)
Positive PCR from Meningitis Multiplex Panel
Positive PCR for CORONA or FLU A / FLU B / H1N1
Positive Multiplex Respiratory Panel for (Flu A / Flu B / Para flu or RSV)
Isolation of bioterrorism agent (Bacillus anthrax Burkholderia mallei, Francisella tularensis, Yersina pestis)

CSF	WBC (cells/ $\mu L$ )			
	0 – 1 year old	-	>30	
	1 – 4 years old	-	>20	
	5 – 7 years old	-	>10	
	>7 years old	-	>5	

**TRANSFUSION MEDICINE**

Gross, visible hemolysis in a post-transfusion reaction specimen
Positive direct antiglobulin test (IgG and/or C3) in a post-transfusion reaction specimen
Evidence of crossmatch incompatibility with a post-transfusion reaction specimen
Positive blood cultures from a unit implicated in a transfusion reaction
Positive direct antiglobulin test in new born babies

**ANATOMIC PATHOLOGY**

Frozen section
Tissue diagnosis of infection (TB, CMV, fungal)

**IMMUNOHISTOCOMPATIBILITY LABORATORY**

Crossmatch (Pre-cadaver kidney transplant crossmatch)
1. Complement Dependent Cytotoxicity Crossmatch
2. Flowcytometry Crossmatch
PRA (pre-cadaver kidney transplant crossmatch)
1. PRA Single Antigen Class I
2. PRA Single Antigen Class II
DNA HLA Typing (pre-cadaver kidney transplant crossmatch)
1. HLA Class I
2. HLA Class II

**APPENDIX 9.2**  
**CRITICAL RESULTS / VALUES – INPATIENT**

	Low Threshold	High Threshold
<b>CHEMISTRY</b>		
Ammonia (μmol/L)		110.0
Bilirubin, neonatal (μmol/L)		256.5
Corrected Calcium (mmol/L)	1.6	3.3
Chloride (mmol/L)	75	125
Glucose (mmol/L) - Adult	2.5	25.0
Glucose (mmol/L) - Paediatric		
0 – 2 days	<1.9	>8.25
> 2 days and <1 year	<2.2	>8.25
>1 year and <17 yrs	<3.0	>16.5
Magnesium (mmol/L)	0.5	2.45
Phosphate (mmol/L)	0.3	2.9
pH	7.2	7.6
Potassium (mmol/L) – Adult	2.8	5.8
Potassium (mmol/L) – Adult on dialysis	2.8	>6.5
Potassium (neonatal)	<2.8	>6.5
Sodium (mmol/L)	120	160
Troponin T (μg/L)		≥0.1

<b>THERAPEUTIC DRUG MONITORING</b>		
Acetaminophen, (μmol/L)		>1300
Carbamazepin (μmol/L)		>50.8
Digoxin (nmol/L)		>3.8
Drug of Abuse (screen)**	Positive	
Ethanol**		>65
Phenobarbital Adult, (mmol/L)		>215
Phenobarbital Neonate (μmol/L)		>172
Phenytoin Adults, (μmol/L)		>79.2
Salicylate, (mmol/L)**		>2.6
Cyclosporine, nmol/L		>580
Sirolimus, μg/L		>12
Tacrolimus (FK 506), μg/L		>20
Theophylline (μmol/L)		>111
Valproic Acid, μmol/L		>867

<b>HEMATOLOGY/COAGULATION</b>		
INR	-	>4.0
APTT(s)	-	>100
Fibrinogen (μmol/L)	<1.5	-
Thrombin Time	All abnormal results	
H I T	All results	
Hemoglobin g/L	70	200
Platelet count(x10 <sup>9</sup> /L)		
All patients	<40	>800
Cancer In-Patients	<10	>800

**APPENDIX 9.3**  
**CRITICAL RESULTS / VALUES - OUTPATIENT**

**9.3.1. Results to be Reported to Emergency Department (OBI 0508996258)**

	Low Threshold	High Threshold
Bilirubin, neonatal (μmol/L)		256.5
Potassium (neonatal)	<2.8	>6.5
Sodium (mmol/L)	120	160
Troponin T (μg/L)		≥0.1
Digoxin (nmol/L)		>3.8
INR	-	>4.0

**Microbiology**

CSF	Sterile Joint Fluid
<ul style="list-style-type: none"> <li>- Positive Gram Stain</li> <li>- Positive Cryptococcal Antigen Test</li> <li>- Positive Enterovirus PCR</li> <li>- Positive HSV PCR</li> </ul>	<ul style="list-style-type: none"> <li>- Positive Gram Stain</li> </ul>

**9.3.2. Results to be Reported to Transplant Physician On-Call (OBI 0558129153)**

	Low Threshold	High Threshold
Cyclosporine, nmol/L	--	>580
Sirolimus, μg/L	--	>12
Tacrolimus (FK 506), μg/L	--	>20

**9.3.3. Results to be Reported to Al Wazarat Center (ext. 46139 / 31111 / 30127) – 24hrs/7days**

	Low Threshold	High Threshold
<b>Chemistry</b>		
Ammonia (μmol/L)		110.0
Corrected Calcium (mmol/L)	1.6	3.3
Chloride (mmol/L)	75	125
Glucose (mmol/L) – Adult	2.5	25.0
Glucose (mmol/L) – Paediatric		
0 – 2 days	<1.9	>8.25
> 2 days and <1 year	<2.2	>8.25
>1 year and <17 yrs	<3.0	>16.5
Magnesium (mmol/L)	0.5	2.45
Phosphate (mmol/L)	0.3	2.9
Arterial PO <sub>2</sub> (kpa)	6.7	
Arterial PCO <sub>2</sub> (kpa)	3.5	>6.7
pH	7.2	7.6
Potassium (mmol/L) – Adult	2.8	5.8
Potassium (mmol/L) – Adult on dialysis	2.8	>6.5
Acetaminophen, (μmol/L)		>1300
Carbamazepin (μmol/L)		>50.8
Drug of Abuse (screen)	Positive	
Ethanol		>65
Phenobarbital Adult, (mmol/L)		>215
Phenobarbital Neonate (μmol/L)		>172
Phenytoin Adults, (μmol/L)		>79.2
Salicylate, (mmol/L)		>2.6
Theophylline (μmol/L)		>111
Valproic Acid, μmol/L		>867

**APPENDIX 9.3**  
**CRITICAL RESULTS / VALUES – OUTPATIENT**

	<b>Low Threshold</b>	<b>High Threshold</b>
<b>Hematology/Coagulation</b>		
APTT(s)	-	>100
Fibrinogen (μmol/L)	<1.5	-
Thrombin Time	All abnormal results	
H I T	All Positive results	
Hemoglobin g/L	70	200
Platelet count(x10 <sup>9</sup> /L)		
All patients	<40	>800
Cancer In-Patients	<10	>800
WBC Count(x10 <sup>9</sup> /L)		
All Patients	<1.5	>35
Cancer Patients	Neut<0.5	<ul style="list-style-type: none"> <li>-Evidence of acute leukemia</li> <li>-Evidence of CML and WBC &gt;80</li> </ul>
		<ul style="list-style-type: none"> <li>-Evidence of CLL and WBC &gt;200</li> </ul>

**Results Upon Confirmation from the Hematopathologist**

Blast	First observation
Organisms/parasites detected on smear review	First observation
CSF, blood, or sterile body fluid with evidence of malignancy/abnormal cells	First observation
Smear review suggestive of microangiopathic anemia (schistocytes/RBC Fragmentations)	First observation

Results will be communicated by the Consultant haematopathologist/designee to the on-call Hematologist or Oncologist.  
Documentation of Critical Results Reporting to be done by the CMLS/Designee

<b>Microbiology</b>			
Positive Gram, Zn Stain OR Mycology Stains of Smears (Blood or Sputum)			
Positive PCR from Meningitis Multiplex Panel			
Positive PCR for CORONA or FLU A / FLU B / H1N1			
Positive Multiplex Respiratory Panel for (Flu A / Flu B / Para flu or RSV)			
Isolation of bioterrorism agent (Bacillus anthrax Burkholderia mallei, Francisella tularensis, Yersina pestis)			
CSF	WBC (cells/μL)		
	0 – 1 year old	-	>30
	1 – 4 years old	-	>20
	5 – 7 years old	-	>10
	>7 years old	-	>5

<b>Transfusion Medicine</b>			
Gross, visible hemolysis in a post-transfusion reaction specimen			
Positive direct antiglobulin test (IgG and/or C3) in a post-transfusion reaction specimen			
Evidence of crossmatch incompatibility with a post-transfusion reaction specimen			
Positive blood cultures from a unit implicated in a transfusion reaction			
Positive direct antiglobulin test in new born babies			

<b>Anatomic Pathology</b>			
Frozen section			
Tissue diagnosis of infection (TB, CMV, fungal)			

**APPENDIX 9.3**  
**CRITICAL RESULTS / VALUES – OUTPATIENT**

<b>Immunohistocompatibility Laboratory</b>
Crossmatch (Pre-cadaver kidney transplant crossmatch) 1. Complement Dependent Cytotoxicity Crossmatch 2. Flowcytometry Crossmatch
PRA (pre-cadaver kidney transplant crossmatch) 1. PRA Single Antigen Class I 2. PRA Single Antigen Class II
DNA HLA Typing (pre-cadaver kidney transplant crossmatch) 1. HLA Class I 2. HLA Class II



Prince Sultan Military Medical City

PATIENT I.D.

## CRITICAL TEST RESULTS FORM

Department / Ward: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Code: \_\_\_\_\_  
Number:

Date: \_\_\_\_\_

**Laboratory Critical Test and Critical Result Reporting**  
**POCT CRITICAL RESULTS**

Appendix 9.5

**1. Blood Gas Analysis**

TEST	ARTERIAL		VENOUS		PEDIATRIC CAPILLARY	
	Low Threshold	High Threshold	Low Threshold	High Threshold	Low Threshold	High Threshold
pH	7.2	7.6	7.15	7.55	7.2	7.6
PCO <sub>2</sub> kpa	3.5	>6.7	3.4	8.6	3.5	7.1
PO <sub>2</sub> kpa	6.7	x	3.6	x	1.3	12.1
Na mmol/L	120	160	120	160	x	x
K mmol/L	Adult 2.8	Adult 5.8	Adult 2.8	Adult 5.8	x	x
	Neonatal <2.8	Neonatal >6.5	Neonatal <2.8	Neonatal >6.5		
CL mmol/L	75	125	75	125	x	x
Ca <sup>++</sup> mmol/L	0.85	1.61	0.85	1.61	x	x
LAC mmol/L	x	3.4	x	4.3	x	x
TBIL umol/L	x	256.5	x	256.5	x	x
tHb g/L	70 .0	200.0	70 .0	200.0	x	x
O <sub>2</sub> Hb%	60.0	x	x	x	x	x
COHb%	x	>10.0	x	x	x	x
MtHb%	x	5.0	x	5.0	x	x
HHb %	x	20.0	x	x	x	x

**2. Whole blood glucose**

Age	Low Threshold (mmol/L)	High Threshold (mmol/L)
0- 2 days	≤2.6 mmol/L	≥ 11.0 mmol/L
>2 days and <1 year	<3 mmol/L	≥ 11.0 mmol/L
>1 year - Adult	<3 mmol/L	≥ 19.0 mmol/L

LOCATION	AREA/SENIOR STAFF	Extension No.	Work Mobile Hosp Code
CCL (6840)	Fatimah Al Hazmi – HN	87034	50178
Basement, Bldg 6	Moustafa Barnawi / Jacqueline Pelayo– CNs Catarina Fernandes (NC Adult) / Aileen Seville (NC Peds) - Ext. Recovery Nursing Station	87035 87037 Lab 1 – 88611 / Lab 2 – 88612 Lab 3 – 88494 / Lab 4 – 88614 EP Lab1 – 81566, EP Lab 2 – 88244 / 88035 / 88224 / 88686	On-call Nos: 50047 50048 50049
Cardiac OR (6750)	Abdullah Al Assiri – HN	88561 / 87727	50190
Ground Floor, Bldg 6	Amelita Pugat / Monasser Lasloom / Shevy Bantayan– CNs Helen Inabiohan – NC	88551 / 88552 88846	On-call No. 50209
ACICU (6450)	John Erwin Cruz – A/HN	88509	50075
Ground Floor, Bldg 6	Vacant / Yee Wan Chen / Vivian Anak Jundi/ Vacant– CNs Fou You Ai – NC	88501 / 88503 / 88459 88131	50201
PSICU (6452)	Katarina Pavlovic - HN	81512	50267
Ground Floor, Bldg 6	Edmelie Pascual / Natividad Delos Reyes / Vacant – CNs Tess Odom – NC	88511 / 88512 / 88513 88547	50068 (Paediatric RRT PSICU)
Ward 1.6 (6500)	Eduardo Malonda – HN	88609	50081
(Adult Cardiac Surgery) 1st floor, Bldg 6	Segundo Sison / Ma. Abigail Garganera – CNs Ting Ai Jin Jessica – NC	88602 / 88603 / 88604 88054	50202
Ward 1.7 (6624)	Jennifer Manabat – HN	88596	50079
(Paeds Post-Op Surgical) 1st floor, Bldg 6	Inas Perez / Melissa Ballon– CNs Yusnida Mat Yusoff – NC	88652 / 88653 88659	50203
2.6 ICU (6622)	Ivy Benitez – HN	80186	50080
(Paeds Cardiology ICU) 2nd floor, Bldg 6	Ela Ponce / Vacant - CNs Myra Malimban – NC	80182/80183/80184 88759	50204
Ward 2.7 (6620)	Ivy Benitez – HN	80186	50080
(Paeds Cardiology) 2nd floor, Bldg 101	Andrea Brozo – CN Myra Malimban – NC	88751 / 88752 88759	50205
Ward 2.8 (6552)	Duric Lazar – HN	88809	50077
(Adult Cardiology) 2nd floor, Bldg	Omana Philip / Ann McKay – CNs Saraswathi Karuppaiah – NC	88801 / 88802 / 88803 88243	50206
Ward 3.7 (6550)	Amylyn Marasigan – HN	88909	50074
(Adult Cardiology) 3rd floor, Bldg 6	Marites Azarias Sinban / Vacant– CNs Yasmin Binti Ghazali – NC	88902 / 88903 88068	50207
CCU (6451)	Eliska Plackova – HN	88859	50076
(Coronary Care Unit) 3rd floor, Bldg 6	Michael Altar / Precious Manga / Megha Eluvathingal / Vacant – CNs Chin Sim Jee – NC	88861 / 88822 (CCUA) 88851 / 88852 (CCUB) 88760	50208 50062 (Adult RRT CCU)
OPD (6850)	Maha Al Anazi – A/CNM Ambulatory Care Services (4 <sup>th</sup> Floor, Bldg 12)	87491	50191
(Bldg. 12) 3 <sup>rd</sup> , 4 <sup>th</sup> floor	Maha Al Anazi – HN Jerome Lazaro / Noha Al Hossawy – CNs Jane Pearl Camata – NC	87422 82401 / 82407 / 82023 87405	
CIU (6434)	Maha Al Anazi – A/CNM Ambulatory Care Services (4 <sup>th</sup> Floor, Bldg 12)	87491	50051
(Bldg. 12) 5 <sup>th</sup> floor	Sulashini Baratharajoo – HN Bushra Al Seria / Maha Ahmed Al Anazi – CNs Voltaire De Villa – NC	82220 87400 87400	4285 4652
Nursing Admin (6010)	Majed Al Shehri – A/DoN (Room 903, 9 <sup>th</sup> Floor, Bldg 57)	88117	50050
9 <sup>th</sup> Floor, Bldg 57	Vacant – Deputy DoN (Room 1622A, 1 <sup>st</sup> Floor, Bldg 6) Dr. Mohammad Awwad – Magnet Director Vacant - Deputy DoN Education Mohammed Al Jumah - CNM Clinical Care Services Eduardo Malonda – A/CNM Clinical Ward Services Maha Al Anazi - A/CNM Ambulatory Care Services Fatmah Al Hazmi – A/CNM Cardiac Intervention Surgical Services Carina Murray – Clinical Specialist Mohsen Al Bahri – A/Manager of Healthcare Support and Shared Services Mary Patricia Koussayer – Clinical Educator Training Manager Sim Sau Kueen – Clinical Resource Nurse Rami Keishk – Nursing Informatics Specialist Mohsen Al Bahri – Nursing Informatics Amani Al Mutairi – Nursing CQI&PS Facilitator Vacant – Nursing CQI&PS Coordinator Marwah Ibrahim – NDNQI Coordinator Ryan Mulano- SNII/ NDNQI Back-Up Maureen Paler – SNII/CQI Back-Up Jackie Loque – Personal Assistant Andrea Elmido – Secretary	88539 80240 88875 87875 87491 87034 88721 88871 87731/88731 80336 80338 87038 88197 80150 80321 88197 88816 / 88714 80413/88722/88890	50010 50789 50196
9 <sup>th</sup> Floor, Bldg 57	Jossa Ramos – Clinical Educator Christina Samivaloo – Clinical Educator Mohammed Al Onazi – Clinical Facilitator Ma. Divina Grace Marquez – Research Nurse Anessa Bantolang – Education Secretary	80151 80241 87703 80414 88950	
Room 3815, 3rd Flr, Bldg 6 (nr Ward 3.7 - opp service elevator # 5)	Arllyn Laygo – WCRN Vacant – VANS / Adult PICC Nurse	81507 81506	50199
Patient Educators Bldg 12, 4 <sup>th</sup> Floor, Room 4011	Ahmed Al Onazi – Patient Educator Supervisor Amani Al Mutairi / Ajaib Al Mutairi / Hala Al Wathainani Najood Al Onazi / Fatima Sahari / Laila Kaabi	82014	50192
Patient Educators – CP	Nawal Al Rowaily / Alia Khudary		
Heart Failure	Ahmed Ezzaldeen – Nursing Transplant Coordinator Amal Al Mutairi / Abeer Al Dhafri / Munira Bin Hudhud	88285	50041 50193
Medical Coordinator	Aziz Al Anazi / Afaf Al Ameer		50042/50043



PRINCE SULTAN MILITARY MEDICAL CITY  
EXECUTIVE NURSING AFFAIRS  
EXTENSION NUMBERS

Appendix 9.7

BUILDING	UNIT NAME	EXTENSION NUMBERS OF NURSING COUNTERS			UNIT OBI NUMBERS
		Wing A- 27582/43791	Wing B- 27561/45293	Wing C- 40758/42989/ 45367	
B1	Hemodialysis Unit				HD-0533924718 0509512940
B11	Peritoneal Dialysis Unit	45363			HD-0560061360
B1	Renal Transplant Unit	45373			HD-0551023895
B1	Dermatology Clinic	43968			
B1	Ophthalmology Clinic	43359			
B1	Eyes, Nose, Throat Clinic	43372	43373		
B1	Diabetic Clinic	43101	43102		
B1	Orthopedic Clinic	43161	43162		
B1	Surgical Clinic	43072	43073		
B105/106	Pediatric Clinic	46797	46865	46864	
B107	Medical Clinic	46825	46826	46827	
B1	Neuroscience Clinic	43278	43289		
B1	Spinal Clinic & Anesthesia	43023	43024		
B1	Urology Clinic	43011	43094		
B2	VIP Theatre	21175	21176		559972177
B2	IR – Royal Inpatient	10182			
B2	2R – Royal Inpatient	40966			508968791
B2	Surgical ICU	48916			558131729
B2	Rapid Response Team	40937	40938		533848603
B2	IP Medical/ Surgical	47019	57638		550716493
B2	3N VIP Medical	47029	45472	47022	05089939
B2	3N Burn Unit	47058	57478	57479	508983046
B2	4N Adult Inpatient (Military Personnel)	43826	47051	47024	554534303
B2	5N Oncology Unit	47023	47025	57628	508968728
B2	6N Female Medical/Surgical	47054	57661	57660	509563042
B2	7N Male Medical/Surgical	45464	47056	57690	508972505
B2	8N VIP Inpatient	56735	43831	47037	550731889
B2	Support Services Department office	45419			508974682
B2	OPAT	42937			558343913
B2	Wound Care Team	46726	46728		508754195
	Tracheostomy Team	43404			559973864
B3	In-Vitro Fertilization	45801	45812 COORDINATOR (SAUDI STAFF)		
B4	Neonatal ICU – High Dependency Unit 1	45779			508968830
B4	Neonatal ICU – High Dependency Unit 2	45780			550076149
B4	Neonatal ICU	45778			550728056
B4	New Building Surgical Tower	28700	45688	46058	508968926
B4	General ICU 2	45680	45682	CN-45675	550062845
B4	4SA – Labor Ward/ HDU	45677			557985291
B4	4SB – Obstetric Assessment Unit	10277	45696		550063210
B4	6S – Antenatal Ward	45788- MAIN NURSE STATION	45789- SIDE A NURSE STATION	45795- SIDE B NURSE STATION	509137843
B4	7SA – Postnatal Ward	45659			550056437
B4	7SB - Postnatal Ward	48232			508971383
B4	8SA – Postnatal Ward	45784	46458		508997903
B4	8SB – Gyne Ward	45756	28736		550073291
B4	9SA Renal Pre Transplant	45602			508984584
B4	9SA	43932			
B4	9SB Renal Post Transplant	45601/45603			559417211
B4	10S- Obs & Gyne Clinic	45705	45706		556580685
B5	Ward ½ Neurology & Neurosurgery	57012/57013	CN-23147		558365906
B5	Ward 1/3 ENT	57024/57025	42025	CN-23156	508984903
B5	Ward ½ Male Surgical	57038/57037	CN-21377		550123610
B5	Ward 1/5 Medical/ Surgical	24051/23875	CN-10745		552860492
B5	Ward 2/1 Male Orthopedics/ Spinal Unit	57065/57067	23229		550113092
B5	Ward 2/2 Urology	57079/57078	CN-23264		550118016
B5	Ward 2/3 Neurology & Neurosurgery	57093/57092	57103		550718288
B5	Ward 2/4 Male Medical	57105/57106	CN-22899		550085629
B5	Ward 3/2 Female Medical	57137/57138	CN-23396		508968152
B5	Endoscopy Unit	STATION- 46878	CN-57995		551027565
B5	Isolation Unit	56731	27205/27206		550675440
B5	Ward 3/1 Medical Pediatrics	57160	42618		509612483

B5	Ward 4/1 Medical Pediatrics	56949	57045		550618425	
B5	Ward 4/2 Medical/ Surgical Pediatrics	23254/57190	24740/57191		508771958	
B5	Pediatric Day Case Unit	NONE			508992590	
B5	Pediatric ICU	42616	42617	42618	509581952	
B5	Ward 4/3 Adult Medical Surgical Unit	46851	10214	23953	559973005	
B5	Radiology & Angiography Unit (ANGIO)	23011	24578	27833/23013		
B5	Radiology & Angiography Unit (MRI Basement)	28439				
B5	Medical Treatment Day Care Unit	28517				
B5	Neurosurgery Theatre	28232	28181	N/A	550735719	550714133
B5	Main Theatre	46399	23008	23170/23231	550672970	508967010
B5	Day Surgery Unit	47016	43921		551029124	
B5	Endourology & Lithotripsy Unit	23555	23177	N/A	559972257	N/A
B5	Step-Down High Dependency Unit	40957	56738		531071934	
B5	General ICU 1	HN-40946	CN-40952	28010	550103442	
B5	General ICU Fast Track	40958	28006		550714265	
B5	Oncology Radiation Unit	46043	46044		559972819	
B5	IV Team	40944			533862043	
B39	Total Parenteral Nutrition	40967			509342898	
B7	Ward 4/1 Pediatric Hematology Unit	45538			5599746597	
B7	Chemotherapy Day Unit	43828	45915	45920/45914	559972813	559974782/ 559947484
B7	Oncology OPD	46689			559972814	
B7	Ward 7/1 Pediatric Oncology/Bone Marrow Transplant Unit	43465			559974773	
B7	Pediatric Oncology/Hematology Day Case Unit	43470	43471		559974794	
B7	Ward 7/2 Adult Hematology and Hematopoietic Stem Cell Transplant	43457	43459	43456	559972984	559974793
B7	Ward 7/3 Adult Hematology Day Case	43487	43482(Male)	43484(Station)	559974779	NONE
B8	Adult Hematology Clinic	46941	46937		508591282	
B7	Dental day Surgery Unit	47016	43921		0551029124	
B7	Radiology and Angiography Unit (Nuclear-Basement)	28257				
B8	Adult Female Long Stay	Wing2- 46289	Wing1-Main 46290/46276	46278	559972365	
B8	Adult Female Surgical Unit	46698			559972351	
B8	Pediatric Long Stay	46275	27249		559972366	
B8	ED GC	48911	46421	46428	559972395	
B9	ED Resus/ Triage	46429			559972397	
B9	EDGB Fast Track	46425	46702	46703	559972406	
B9	ED1A Adult Critical Care	46554	46557	46559	508756387	
B9	ED1B Pediatric Critical Care	46708	46704			
B9	ED2A Acute Critical Care	46423	46424	46425	508970617	
B9	ED2B Acute Critical Care	46431/46435	46434	46432	550109378	
B9	ED3A Adult Acute Care	42738/46128	42737		508987504	
B9	ED3B Pediatric Observation/Short Stay	42725	42907	42973	559972408	
B9	ED4A Adult Observation	46437	46438		508967976	
B9	ED4B Stroke Unit	42731	42726		550675424	
B9	ED5A Isolation	42724	42912		559972416	
B9	ED5B VIP/ Royal Suites	46450	46447		559972417	
B9	Emergency Department ICU	45029	40962		508987758	
B8	ED Triage	46925				
B10	Out-Patient Psychiatry	45214	47261	45617	N/A	
B10	Ward 2A-Female Psychiatry Unit	45245/45244	45246		554596594	
B10	Community Mental Health	45622			559973642	559974501
B10	Psychosomatic Medicine Unit	45248			554527462	
B10	Ward 1A-Male Psychiatry Unit	45231/45230	45232		532301632	
B10	Rehabilitation Unit	46981	46982	46985	550712071	
B112	Autism Center	43720/45253	43733		N/A	
B10	Autism Day Care	43726/45207				
B11	Rheumatology Day Case Unit				509550710	
B11	CSSD	46077	46120		531043447	
B11	OPAT	45594				
B57	Nursing Continuous Training & Research	45629	46935			
B57	Sleep Disorder Unit	22478				



Prince Sultan Military Medical City

Central Military Laboratory & Blood Bank Department

Appendix 9.8

## CRITICAL RESULTS DOCUMENTATION DURING L.I.S./H.I.S. DOWNTIME

Division: \_\_\_\_\_ Date of Downtime: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

## FAMILY AND COMMUNITY MEDICINE DEPT. CLINIC LIST

#	Clinics	Code of the clinic in RABET	District	Phone Number
1	Preventive Medicine	105 PM	Riyadh	To Wazarat Healthcare Center Contact: 46139/31111/30127
2	VIP	106 VP		
3	Staff Health	107 SH		
4	Senior Officers	108 SOC		
5	Wazarat	110 WZT		
6	South Riyadh	112 SR		
7	Orija	114 OR		
8	Naval Base	115 NV		
9	NCO	116 NC		
10	Royal Guard	117 RG		
11	Officers	118 OH		
12	Azizia Palace	120 AZ		
13	Nadeem	123 ND		
14	Yasmeen	124 YA		
15	Salam	125 SA		
16	King Salman Air Base Medical Center	126 KSAB		
17	Medical Services Directorate Clinic	127 MSD Clinic		
18	Presidency of the Saudi Royal Guard Clinic	128 PSRG		
19	Royal Saudi Land Forces Clinic	129 RSLF		
20	Royal Saudi Navy Forces Clinic	130 RSNF		
21	Royal Saudi Air Forces Defence Clinic	131 RASFD		
22	Royal Saudi Strategic Missile Forces Clinic	132 RSSMF		
23	Royal Saudi Air Forces Clinic	133 RSAFC		
24	Air Operation Center Clinic	134 AOSC		
25	Pininsula Shield Foce GCC Clinic	135 PSF		
26	1st Saudi Royal Air Defence Group Clinic	136 RADG		
27	Home Healthcare	121 HHC	Riyadh	45113 / 0552990899 (7:30 Am - 8 Pm) After 8 Pm to contact Wazarat
28	Hariq	122 Hariq	Al Hariq	45349 / 46385 / 0551042162 / 0502218512
29	Islamic Military Counter Terrorism Coalition	137 IMCTC	Al Ouinah	40899 / 42016
30	Command of Staff College	138 CSC		
32	King Abdulaziz Military Academy	199 KING ABDULAZIZ MILITARY ACADEMY	Al Dawadmi	0115258539 (8 Am - 4 Pm) Sun-Thursday 0537616205 (4 Pm - 8 Am) Sunday -Thursday and All day weekend
33	Al Dawadmi	139 DAWADMI		