

Brookhaven Memorial Hospital Medical Center
CRITICAL VALUE REPORT

Patient Label

Reporting Department: _____

Receiving Name/Signature: _____ Date/Time: _____

Test: _____ Value (Result): _____

Reason M.D./LIP not called: Protocol _____

Other (Describe): _____

Results Called to: _____ Date/Time: _____

Circle: M.D./LIP

Response Received at: Date: _____ Time: _____

M.D./LIP Read Back: YES _____ NO _____

Additional Orders Received: YES _____ NO _____

If Yes, refer to Physician Order Sheet

If no response within 30 minutes, call nursing supervisor and document.

****Attach this sticker in the Progress Notes.****