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CHANGES TO THE ORDERING OF SEPSIS PROTOCOL LACTATE TESTS

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Per the Surviving Sepsis campaign guidelines, lactate can serve as a surrogate measure of tissue perfusion. If sepsis is suspected, lactate should be ordered. If the initial lactate is elevated ($> = 2.1$ mmol/L), a second lactate should be drawn 3 hours after the initial lactate. Effective May 3rd, 2021, the Marshfield Clinic Health System will be making a system-wide change to the ordering of sepsis protocol lactate tests. These changes are being made to decrease the likelihood of missed 3 hour lactate draws and ensure better adherence to the 3 hour timing. The changes will affect the following hospital sites: Marshfield, Eau Claire, Ladysmith, Minocqua, Park Falls, Rice Lake, Weston and Neillsville.

The old test codes LACTASP and LACTVSP will be retired. Providers will now order either the Lactate, Arterial, Sepsis Protocol or the Lactate, Venous, Sepsis Protocol in Cerner. Once ordered, this will automatically place a baseline 0 hour lactate order with a stat priority and a 3 hour lactate order as a timed study. If the 0 hour lactate is $< = 2$ mmol/L, the 3 hour lactate draw will be discontinued. If the 0 hour lactate is $> = 2.1$ mmol/L, the 3 hour post-baseline lactate will be drawn. These results will appear in Cerner Results Review and CMR as the baseline and 3 hour lactate, with exact draw times indicated. To avoid confusion between single (non-sepsis protocol) and sepsis protocol lactates, single order lactates will now be named Lactate, Arterial (Single) and Lactate, Venous (Single).

In terms of workflow, sepsis protocol lactates can be drawn by either phlebotomy or ED nurses. If the draws are performed by phlebotomy, it is their responsibility to ensure both 0 and 3 hour draws are collected in a timely manner. Once the baseline 0 hour lactate is drawn, phlebotomy will update the collection date/time for the 3 hour draw to reflect a 3 hour time window. If the draws are performed by ED nurses, then as long as the patient is still in the ED at the time of the 3 hour draw, it is the ED nurse's responsibility to ensure both draws are collected at the appropriate time. In the event that the patient is transferred to the floor, the responsibility switches to the phlebotomy team to monitor, update and collect the 3 hour draw.

Clinical and technical questions or concerns:

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