## LPS REQUEST FORM (Blood)



NHI NUMBER	SURNA	ME	FIRST NAMES
DOB	SEX	Requesting Doctor:	Location:
Blood taken by:		DATE:	Time:

All requests MUST have gate keeper approval - Clinical information MUST be provided I declare that these urgent diagnostic procedures are required to obtain information about potentially life-threatening conditions and/or conditions that could potentially lead to permanent disability.

Requesting Clinician: Signed:	Requesting Clinician:	Signed:
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Approved by SMO:Name	Yes / No*	Time:	Date:
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Approved by Gate keeper: Name Y	′es / No*	Time:	Date:
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CLINICAL context Re LPS request:	
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TEST	Justification:
Neo. bilirubin	Severe Neonatal jaundice.
Troponin	suspected acute coronary syndrome.
Paracetamol	Suspected overdose
Salicylate	Suspected overdose
Lithium	Suspected overdose
Lipase	Suspected acute pancreatitis
Magnesium	Arrhythmia.
Urea & Creatinine.	Suspected acute kidney injury, Uremic syndrome, Hyperkalaemia
Blood gas	POCT service is not available
Na, K, +/- Cl	identify electrolyte abnormalities which can cause lethal arrythmias and life-threatening organ / muscle dysfunction e.g hyponatraemic seizures, muscular weakness.
Calcium	Nerve impulse / muscle contraction impairment
CBC	DIC, APML, pancytopenia, acute lymphoma / acute Leukaemia's, on induction cytoreductive treatment, Rx related severe cytopenia, Sepsis.
Malaria screen	? Malaria from an <i>P.falciparum</i> endemic area
Coagulation	unexplained bleeding or MTP or severe hepatic failure or poisoning or bleeding on warfarin (INR) or DIC.
Any test not listed need	gatekeeper approval:
Test(s) Requested:	

\*See process flow overleaf

## **LPS REQUEST PROCESS**

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