

Laboratory Update

Primary Care Laboratory Interface Group (PLIG)
February 2019, Issue 3



Sample Collection

When sending urgent samples please place inside the usual plastic specimen bag and then inside a brown paper bag marked "urgent". This allows the laboratory staff to prioritize samples more efficiently.

Add-on tests can be added for RIE biochemistry samples by sending an email to:

addonbloodtests.RIE@nhslothian.scot.nhs.uk

Please include: test requested, name, CHI, sample number and date. For SJH and WGH contact laboratory staff by telephone.

Remember the order of draw when taking blood samples can help to ensure accurate results:



See our specimen collection poster for full details at:

<http://www.edinburghlabmed.co.uk/PLIG/Announcements/Documents/2018%20PLIG%20A2%20Poster.pdf>

Heart Failure Pathway

Use of the NT-proBNP test within the pathway has been helpful when triaging referrals and has significantly reduced the time taken for patients to receive a diagnostic outcome. Following careful audit of referrals via the heart failure pathway, the NT-proBNP threshold for exclusion of heart failure has been increased to 400ng/L. See RefHelp for full details of the referral process.

The heart failure team have asked that blood tests be sent as soon as possible after a SCI Gateway referral has been made (in ICE go to "Clinical Profiles" then click "Heart Failure"). This allows the heart failure team to triage referrals more efficiently.

Microbiology



Please send urine samples for MC&S in a boric acid container filled to the line (20mls). Insufficient urine may invalidate the sample as the boric acid will be too concentrated. Do not overfill the container as this dilutes the boric acid and may stop it working.

Samples in boric acid can be processed up to 96 hours after collection. Samples in plain universals can be become invalid after 4 hours if not refrigerated at 4°C and become invalid after 48 hours in a fridge. If clinically urgent, urine samples can be delivered direct to laboratory reception at RIE which is open 24/7 365 days a year.

ICE/GPOC

New pop-up comments have been added to ICE, for example signposting the clinician to the heart failure diagnosis referral pathway on the heart failure order set.

Due to be introduced soon is a comment on the coeliac screen regarding adequate gluten challenge, as follows:

"Ensure the patient has been eating a normal diet for at least 6 weeks: >1 meal a day including gluten based foods. E.g. normal size bowl of wheat based cereal for breakfast and 1-2 slices of bread for lunch plus a scone for snack". A printable patient information leaflet will also be available via ICE when this becomes available.

New for 2019 we are planning to introduce easy to use order sets for use in FBC abnormalities. Order profiles will reflect RefHelp guidance, for example neutropenia or lymphocytosis. A new combined order set will also be available for myeloma screen automatically including serum electrophoresis and urine Bence-Jones proteins.

The ICE homepage now includes "ALT only statin monitoring" icon to reduce unnecessary testing of the wider LFT panel. ALT should be checked before initiation and then at 3 and 12 months of statin therapy. See Lothian Lipid Guidelines for further information:

<https://apps.nhslothian.scot/refhelp/guidelines/ResourcesLinks/HP-LothianLipidGuidelines.pdf>

LFTs

Local guidelines on the monitoring and further investigation of individuals with deranged LFTs (without overt liver disease) are being updated by PLIG and the hepatology department. An outline of this update was presented at the GP Laboratory Medicine Update meeting on 31st January 2019.

We are continuing to plan a pilot for "intelligent" LFTs (iLFTs) likely to be initiated after 2019, with updated interim LFT guidance to be issued first. The iLFT concept involves a selective test cascade process where a liver screen is ordered. Based on initial blood test results and certain patient characteristics, specific liver screen tests can be selected using an algorithm. An individualized report is generated including a risk score for fibrosis, guidance on further monitoring or recommending referral.

Further information and feedback

Information on all of the recent work carried out by PLIG can be found at

<http://www.edinburghlabmed.co.uk/PLIG/Announcements/Pages/default.aspx>. This includes recent communications as well as presentations from the GP Laboratory Medicine Update meetings. We are very keen to hear from you with regard to any primary care laboratory interface issues. Please send any questions or comments to jonathan.malo@nhslothian.scot.nhs.uk or clare.macrae@nhslothian.scot.nhs.uk.