

PATHOLOGY INVESTIGATIONS: CONSULTATION - CHW

POLICY[®]

DOCUMENT SUMMARY/KEY POINTS

- Pathology laboratories are much more than testing services. They are a resource for technical information which can lead to improved patient care. This policy outlines specific points which must be followed to ensure appropriate use of pathology diagnostic services
 - New patient care protocols which involve pathology
 - Unusual, expensive and time consuming investigations
 - Keeping track of investigations referred to outside testing agencies
 - Investigations ordered by house staff.
 - Requests for urgent investigations

As a general rule, if the investigation does not appear as an orderable test in Powerchart, PRIOR to placing a manual order, consult with the relevant Pathology Department.

CHANGE SUMMARY

- Minor wording changes made throughout, recommend reading the entire document.

READ ACKNOWLEDGEMENT

- All CHW clinical staff are to read and acknowledge that they understand the contents of this document.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st October 2018	Review Period: 3 years
Team Leader:	Department Head	Area/Dept: Microbiology

Date of Publishing: 14 September 2018 2:40 PM **Date of Printing:**

Page 1 of 4

K:\CHW P&P\Policy\Sep 18\Pathology Investigations - Consultation - CHW .docx

This Policy / Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy / Procedure is mandatory.

Consulting about Pathology Investigations

To reduce the labour burden on pathology, to manage costs and to improve quality of patient care, the following processes are to be followed. The processes have resulted from discussion and consultation with pathology and clinician representatives. They also emphasise the point that pathology laboratories are much more than testing services. They are a resource for technical information which can lead to improved patient care.

New patient care protocols which involve pathology

Periodically new protocols are introduced by clinical teams, such as a new investigation or more intensive monitoring of serum chemistry. Prior consultation with the relevant Pathology Department provides notice of the proposal and allows a discussion which may result in the clinician deciding to use a different investigation or a revised protocol; this can result in improved care.

Laboratory services have the authority not to provide a service for such protocols until there has been discussion with the relevant Pathology Department.

Unusual, expensive and time consuming investigations

Prior consultation is required in the following instances:

- Investigations that are unable to be performed at CHW: They are sent to other centres which charge for doing the work.
- Investigations that require special handling, collection or transport: The arrangements may be costly.
- Investigations that are time consuming and expensive when performed at CHW: These are generally *non-routine* investigations and can be disruptive to the *routine* investigations if no prior warning is provided to plan the investigation process.

The Hospital's laboratory services have compiled a list of investigations which are particularly expensive or complex and which **will require prior discussion** between the physician or surgeon in charge of the case and the relevant pathologist or clinical geneticist/metabolic physician (see [Appendix](#)).

This is not to interfere with a clinician's right to order investigations for a patient; rather it is an opportunity to increase interaction between clinicians and laboratory-based staff, aiming for the most appropriate level of patient care. The process to be followed is similar to the guidelines currently used for prescribing expensive or unusual antibiotics where discussion with the Infectious Diseases Department is required.

Keeping track of investigations referred to outside testing agencies

All investigations **must** be channelled through one of the Hospital's laboratories to ensure that they are entered into Pathnet and have a laboratory number. This is essential for the availability of results on PowerChart and has medicolegal implications if records are not properly kept. The laboratories also track outstanding requests ensuring results are returned and enter the medical record.

Investigations ordered by house staff

The majority of investigations are ordered by house staff. Overall responsibility of ordered investigations belongs to senior clinicians and should monitor what is being ordered on their patients. Unnecessary investigations can result in unnecessary discomfort to the patient and can be costly to the family.

Requests for Urgent Investigations

If a result is required urgently (i.e. outside the normal turn-around time for the test), the laboratory should be contacted in order to expedite the test.

Appendix

Investigations requiring prior consultation with the appropriate laboratory prior to ordering

Biochemistry

1. Sweat tests
2. Red cell galactokinase
3. L-DOPA
4. Plasma catecholamines
5. 5-hydroxytryptophan
6. Any pharmacokinetic studies

Haematology

1. Platelet aggregation studies
2. Red cell enzymes, except G6PD assay

Immunology

1. Complement CH50 (also known as Total Haemolytic Complement), AH50 (also known as Alternate Pathway)
2. C1 esterase inhibitor
3. Mast Cell Tryptase
4. Neutrophil function tests
5. Con A, PHA, Candida proliferation, NK cell assay, lymphocyte proliferation, lymphocyte function tests

Sydney Genome Diagnostics

1. Molecular (PCR) testing of tumour biopsies: for diagnostic translocations of soft tissue tumours.
2. All samples for pre-natal testing must be pre-booked with the laboratory.

Other Specialised Genetics Tests

- **Requests** require **consultation** [see [Table 1](#) for exceptions]

- A **formal request** must be completed and approval given *before* testing can be undertaken for **all** specialised genetic testing, including other gene panels. Complete the PowerForm in Adhoc Charting. For further information on how to use the PowerForm, see 'Adhoc Charting – Modifying and Removing Entries Quickstart'.

Table 1: Exceptions

Investigation	Clinical staff who may order without prior consultation
Fragile X testing	any general paediatrician or paediatric consultant
Cystic fibrosis mutation testing	any respiratory physician or gastroenterologist
Mitochondrial respiratory chain studies	any neurologist
Lysosomal enzymes	any neurologist or gastroenterologist
Spinocerebellar ataxia mutation testing	any neurologist
Spinal muscular atrophy mutation testing	any neurologist
Dystrophin mutation testing	any neurologist
Myotonic dystrophy mutation testing	any neurologist
Recurrent pancreatitis	any gastroenterologist
CASU mutation testing	any neurologist
Frataxin testing	any neurologist
Charcot-Marie-Tooth testing*	any neurologist
Spastic paraplegia mutation testing* (Concord lab)	any neurologist
Neuromuscular disorder gene panel	any neurologist
Epileptic encephalopathy gene panel	any neurologist (after triaging by the Neurology team)
Haemophilia genetic testing	any haematologist
Thalassaemia gene testing	any haematologist
Array CGH	any general paediatrician or paediatric sub-specialist
Connexin 26 mutation testing	approved clinicians only**

* *These tests are likely to move to a gene panel approach in the near future. Other CHW MPS panels will be approved if they proceed through an agreed departmental triaging process.*

** *Dr E Peadon, Dr A Biggin or Dr K Peacock*

General comments applicable to all Diagnostic laboratories

All routine investigations can be ordered electronically via PowerChart. As a general rule, ***if the investigation does not appear as an orderable test the laboratory should be consulted prior to placing a manual order.***

Copyright notice and disclaimer:

The use of this document outside Sydney Children's Hospitals Network (SCHN), or its reproduction in whole or in part, is subject to acknowledgement that it is the property of SCHN. SCHN has done everything practicable to make this document accurate, up-to-date and in accordance with accepted legislation and standards at the date of publication. SCHN is not responsible for consequences arising from the use of this document outside SCHN. A current version of this document is only available electronically from the Hospitals. If this document is printed, it is only valid to the date of printing.