

## COLLECTION DATA FOR CRITICAL VALUE IN WARD/EMERGENCY DEPARTMENT

WARD :

DATE :

No	Patient's Name	MyKad/ Hosp RN	Blood Test		Result/ Time	Notification Name & Designation	Action Taken (please tick)
			Biochem	Hemato			
1.			<input type="checkbox"/> Na <sup>2+</sup> <input type="checkbox"/> TBil <input type="checkbox"/> K+ <input type="checkbox"/> Others <input type="checkbox"/> Ca <sup>2+</sup> _____	<input type="checkbox"/> Hb <input type="checkbox"/> WBC <input type="checkbox"/> Plt <input type="checkbox"/> Hct	R: T:	Received By: (SN/MA) Action By: (MO/HO)	<input type="checkbox"/> 1. Appropriate clinical response taken <input type="checkbox"/> 2. No Action required (cont observ.) <input type="checkbox"/> 3. Results forward to relevant ward <input type="checkbox"/> 4. Others _____
2.			<input type="checkbox"/> Na <sup>2+</sup> <input type="checkbox"/> TBil <input type="checkbox"/> K+ <input type="checkbox"/> Others <input type="checkbox"/> Ca <sup>2+</sup> _____	<input type="checkbox"/> Hb <input type="checkbox"/> WBC <input type="checkbox"/> Plt <input type="checkbox"/> Hct	R: T:	Received By: (SN/MA) Action By: (MO/HO)	<input type="checkbox"/> 1. Appropriate clinical response taken <input type="checkbox"/> 2. No Action required (cont observ.) <input type="checkbox"/> 3. Results forward to relevant ward <input type="checkbox"/> 4. Others _____
3.			<input type="checkbox"/> Na <sup>2+</sup> <input type="checkbox"/> TBil <input type="checkbox"/> K+ <input type="checkbox"/> Others <input type="checkbox"/> Ca <sup>2+</sup> _____	<input type="checkbox"/> Hb <input type="checkbox"/> WBC <input type="checkbox"/> Plt <input type="checkbox"/> Hct	R: T:	Received By: (SN/MA) Action By: (MO/HO)	<input type="checkbox"/> 1. Appropriate clinical response taken <input type="checkbox"/> 2. No Action required (cont observ.) <input type="checkbox"/> 3. Results forward to relevant ward <input type="checkbox"/> 4. Others _____
4.			<input type="checkbox"/> Na <sup>2+</sup> <input type="checkbox"/> TBil <input type="checkbox"/> K+ <input type="checkbox"/> Others <input type="checkbox"/> Ca <sup>2+</sup> _____	<input type="checkbox"/> Hb <input type="checkbox"/> WBC <input type="checkbox"/> Plt <input type="checkbox"/> Hct	R: T:	Received By: (SN/MA) Action By: (MO/HO)	<input type="checkbox"/> 1. Appropriate clinical response taken <input type="checkbox"/> 2. No Action required (cont observ.) <input type="checkbox"/> 3. Results forward to relevant ward <input type="checkbox"/> 4. Others _____
5.			<input type="checkbox"/> Na <sup>2+</sup> <input type="checkbox"/> TBil <input type="checkbox"/> K+ <input type="checkbox"/> Others <input type="checkbox"/> Ca <sup>2+</sup> _____	<input type="checkbox"/> Hb <input type="checkbox"/> WBC <input type="checkbox"/> Plt <input type="checkbox"/> Hct	R: T:	Received By: (SN/MA) Action By: (MO/HO)	<input type="checkbox"/> 1. Appropriate clinical response taken <input type="checkbox"/> 2. No Action required (cont observ.) <input type="checkbox"/> 3. Results forward to relevant ward <input type="checkbox"/> 4. Others _____
6.			<input type="checkbox"/> Na <sup>2+</sup> <input type="checkbox"/> TBil <input type="checkbox"/> K+ <input type="checkbox"/> Others <input type="checkbox"/> Ca <sup>2+</sup> _____	<input type="checkbox"/> Hb <input type="checkbox"/> WBC <input type="checkbox"/> Plt <input type="checkbox"/> Hct	R: T:	Received By: (SN/MA) Action By: (MO/HO)	<input type="checkbox"/> 1. Appropriate clinical response taken <input type="checkbox"/> 2. No Action required (cont observ.) <input type="checkbox"/> 3. Results forward to relevant ward <input type="checkbox"/> 4. Others _____

Verified by:

### ZERO REPORTING

I hereby notify that my ward had no critical value informed today.

Verified by :