

## i-STAT Analyzer Report – Cord Blood Gases

*Fields marked with an asterisk \* are mandatory and must be clearly legible*

<b>Ordering Provider Information</b>		<b>Patient Information</b> <i>(print or use addressograph)</i>	
*Last & Full First Name:		*Last/First Name: (per Health Card)	
Billing Code:		* Date of Birth (dd/mm/yyyy)	
Inpatient Location:	Critical Results Ph #:	*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
*Facility Name/ Address		*PHIN: _____ [Specify Province or DND if different]	
Ph #:	Fax #:	MRN:	
<b>Copy Report to #1</b> <i>(if info missing, report may not be sent):</i>		Encounter #:	
Last & Full First Name:	Ph #:	Patient Address:	
Facility Name/ Address:		Patient Ph #:	
<b>Copy Report to #2</b> <i>(if info missing, report may not be sent):</i>		<b>*Collection Information</b>	
Last & Full First Name:	Ph #:	*Specimen type: <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	
Facility Name/ Address:		Delayed clamping: <input type="checkbox"/> No <input type="checkbox"/> Yes, delayed by _____ minutes	
		*Collection date (dd/mm/yyyy): _____	
		*Collection time (hh:mm): _____	

### UMBILICAL CORD BLOOD GASES REPORT

Test		Reference Range		Result
Analyte	Units	Arterial	Venous	
pH	-	7.23 – 7.33	7.31 – 7.40	
pCO <sub>2</sub>	mmHg	41 – 57	32 – 44	
pO <sub>2</sub>	mmHg	12 – 24	-	
Base Excess	mmol/L	(-6) to (-2)	(-6) to (-2)	
HCO <sub>3</sub>	mmol/L	20 – 25	18 – 23	
TCO <sub>2</sub>	mmol/L	22 – 32	21 – 29	
sO <sub>2</sub>	%	7 - 32	-	

If printout is not available, transcribe results into table above

Critical Values			
Analyte	Units	Arterial & Venous	Frequency
pH	-	<7.0	Every time

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i-STAT  
REPORT  
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If printout is unavailable, transcribe results into the table.

### Critical Results Reporting

<b>Result reported:</b>	<b>Reported to (full name):</b>	<b>Reported by (full name):</b>
<b>Date reported:</b>	<input type="checkbox"/> Results read back	
<b>Time reported:</b>		