



LAB REPORT

DEPARTMENT OF LABORATORIES
AND PATHOLOGY

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Lab Report is published by the Department of Pathology as an educational service to clinical laboratory users. Inquiries or comments may be directed to General Hospital, Room 2900.

Vol 14, No. 10

A NEWSLETTER FOR LAC+USC HEALTHCARE NETWORK LABORATORY USERS

December 30, 2003

PROTOCOL FOR RAPID HIV TESTING AT LAC+USC MEDICAL CENTER

EFFECTIVE DATE: JANUARY 15TH, 2004

LAC-DHS has authorized rapid HIV testing as part of the workup of high-risk obstetrical patients whose HIV status is unknown at the time of active labor, for the workup of DHS employees who have suffered exposure to source patient blood, and for the workup of victims of sexual assault. The State of California, the Centers for Disease Control, AAP and ACOG all have supported Routine HIV testing for **All** Pregnant women. The Governor of California has signed a bill requiring that HIV testing be included as part of their routine care. Thus, all women will be told about HIV and the benefits of knowing their HIV status and the treatment available to prevent the transmission of HIV from mother to her newborn. Women have the right to "opt out of testing". Thus, all pregnant women MUST have documentation in their charts of negative or positive HIV test result so that the appropriate care can be instituted immediately. **If there is no such test result and the woman is in active labor, rapid testing MUST be offered to the patient.** Since the patient has the right of refusal, if a patient refuses testing for herself, this must be documented in her chart. However, if a mother whose HIV status is unknown refuses rapid HIV testing, this testing should be offered for her newborn.

Who to test:

1. Pregnant women in active labor who are admitted to Labor and Delivery or women who have delivered and are admitted to the antepartum in-patient service and who meet one of the following criteria (*addendum: we have since added: pregnant women who are anticipated to deliver within a few days*)
 - There is no HIV result in their chart or in the Laboratory Computer
 - There is a negative HIV result in their chart or in the Laboratory Computer, but they are at exceptionally high risk for HIV and the negative HIV result is more than two months old
2. Newborn babies of mothers who refuse to be HIV tested, so that the HIV status of the mother is unknown.
3. Pregnant women with risk factors of HIV but unknown HIV antibody status, who are seen in the Emergency Room and who are unlikely to be seen in a follow up clinic or by their primary physician.
4. Source patient of needle stick or other significant injury and/or injured employee who is exposed to potentially infected blood or body fluids
5. Assaulting individual (if in custody and consent for testing is obtained) and/or victim of sexual assault.

BLOOD SPECIMENS SUBMITTED FOR PATIENTS WHO DO NOT MEET THE ABOVE CRITERIA WILL BE TESTED BY ROUTINE ANTI-HIV 1/2 EIA. EXCEPTIONS TO THIS PROTOCOL WILL REQUIRE CONSULTATION WITH PATHOLOGY.

Authorized Sites for rapid HIV testing based on the above criteria

- 5L, labor and delivery
- 7L & 7K, antepartum and postpartum services
- WCH women's ER
- VIP clinic
- Peds ER: after consultation with MCA staff
- NICU
- Normal nursery
- General hospital DEM
- **Department of Employee Health**

Who will order:

- Any LAC+USC Physician
- Any LAC+USC Certified Nurse Midwife
- Any LAC+USC licensed Nurse Practitioner or Physician Assistant

How to order:

- Obtain patient consent on standard HIV testing form.
- Current LAC+USC Medical Center protocol requires that three signatures appear on the HIV test requisition, the signature of the patient, the signature of the ordering physician, and the signature of a witness
- **HAND WRITE "Rapid HIV Test"** on the HIV requisition form
- Provide telephone number, pager, and legible name of clinician ordering the test on the test requisition.
- Attach an Expedited Handling Form to the HIV testing form to ensure STAT handling.
- Telephone Core laboratory at 226-7039 to notify of request
- Hand-deliver to either GH 2309A (Lab Distribution Center) or WCH 1M3 (TRAM station)

Specimen Requirements:

- One full Gold Top Gel tube for adults
- One full Gold Top Gel (bullet) microcontainer tube for neonates

Reporting of results:

Laboratory will enter the results into the Affinity system and telephone the results to the clinician who ordered the test at the number provided on the requisition as soon as the test is completed. If the ordering physician is not available to take the results, the laboratory will contact Dr. Stek (pager 213-209-7354) if the patient is a woman or the MCA physician on call (telephone; 226-2200 or 226-5068) if the patient is a baby.