## PURPOSE:

To describe in detail how to prepare and process the Platelet Count test correctly and always in the same manner. It is used to monitor the course of the disease or therapy for thrombocytopenia or bone marrow failure. It is performed on all patients who develop petechiae (small hemorrhages in the skin), spontaneously bleeding, increasingly heavy mucuses or thrombocytopenia.

## SCOPE:

Applies to all Hematology Section Staff of Laboratory Department of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

## PERSON RESPONSIBLE:

Medical Technologists (Medical Laboratory Scientists), Pathologists, Medical Doctors, Nurses, Medical Trainees, Laboratory Clerks

## PROCEDURE:

1. Hand washing shall be performed before and after the procedure.
2. The wearing of Personal Protective Equipment such as gloves, masks, goggles/face shield and gowns shall be observed in doing the procedure.
3. The Medical Technologist collects blood in an EDTA lavender top tube (2mL/0.5mL tube) properly labeled with complete patient's name and date of collection.
4. Disposal of syringes and needles shall follow Infection Control guidelines.
5. The blood collected is inverted tip to tip 8-10 times gently for adequate mixing and to avoid hemolysis and destruction of chemical elements.
6. The Medical Technologist forwards properly the blood sample and patient's request to the Hematology Section. Medical Technologist then checks blood sample label, volume and clots prior to analysis. Not properly labeled sample is given back to the extractor for correct labeling. Insufficient volume and clotted sample is subject for repeat blood collection and the medical technologist, nurse in-charge or the patient will be informed immediately.
7. Requests, unless indicated as "STAT" shall be included in the batch of examinations processed in a first come first serve basis.

8. In the HCLAB LIS system, the Medical Technologist enters user ID and password to display the main menu. Click Specimen Check-in icon and enter Patient Identification (PID) number (located at the bottom or back part of the request) or click Find Patient Order icon and enter patient's complete name to search for the PID.

   *Enter PID – Date – List –Check – Accept – Print Label or Barcode*

9. For patients with pink form or with temporary request, names are logged into a list. An ID number is assigned and written on the patient's request.
10. The Medical Technologist attaches the barcode sticker properly to its corresponding tube.
11. The Medical Technologist properly loads the blood samples on the rack & presses Start.

    **for samples with 1-2mL volume – load using rack mode*
    **for samples with less than 1mL volume or with temporary request – use stat/manual mode*

12. Results of all parameters are displayed and copied in the machine's monitor.
13. The Medical Technologist checks the abnormal results or with flaggings displayed by viewing the smear, delta checking, rerun the blood sample or repeat sample collection.
14. Critical Platelet count results must be reported to the Attending Physician or Nurse immediately.
15. Editing is done if needed before validation. Results are auto-transferred in the HCLAB LIS then released in the BIZBOX HIS system.
16. The Medical Technologist/Laboratory Clerk prints out results for outpatients at the reception area upon presentation of the Official Receipt (OR) and results for admitted patients can be viewed and printed out by nurses to its respective stations.
17. Names and results of patient shall be recorded in the Hematology logbook. Turn-around time for releasing Platelet count result is within 2 hours.

**APPROVAL:**

| | Name/Title | Signature | Date |
|---|---|---|---|
| Prepared by: | **REDABELLE DIONEO-SEGOVIA, RMT**<br>Section Head, Hematology | | 07-06-2022 |
| Verified: | **TIFFANY B. VILLANUEVA-COO, RMT**<br>Laboratory Manager | | 7-6-2022 |
| | **MONICA B. VILLANUEVA, RMT, PhD**<br>Laboratory Manager | | 7-6-2022 |
| | **MELANIE ROSE B. ZERRUDO, MD, FPSP**<br>Chair, Department of Pathology | | 7-6-2022 |
| Reviewed: | **DENNIS C. ESCALONA, MN, FPSQua**<br>Quality Assurance Supervisor | | 07-06-2022 |
| Recommending Approval: | **ROSARIO D. ABARING, MAN, PhD**<br>Ancillary Division Officer | | 07.06.2022 |
| | **FREDERIC IVAN L. TING, MD**<br>OIC - Total Quality Division | | 7/8/22 |
| Approved: | **GENESIS GOLDI D. GOLINGAN**<br>President and CEO | | 9/11/22 |

| KEY TASKS | PERSON RESPONSIBLE |
|---|---|
| 1. Encode the request of the patient to BIZBOX system. | Laboratory Clerks and Nurses |
| 2. Extracts blood sample from the patients. | Medical Technologist/Nurse |
| 3. Ensures sample is acceptable for testing. | |
| 4. Disposes properly and safely biohazardous and infectious wastes and materials. | |
| 5. Forwards properly the patient's request with the results and his name initials to the Hematology Section for encoding in the system. | |
| 6. Encodes the request in the system. | |
| 7. Processes and analyzes samples. | |
| 8. Release and validate results thru BIZBOX System. | |
| 9. Record results to Hematology logbooks. | |
| 10. Endorse the patient's results to the patient or doctor. | Laboratory Clerks and Nurses |

**APPROVAL:**

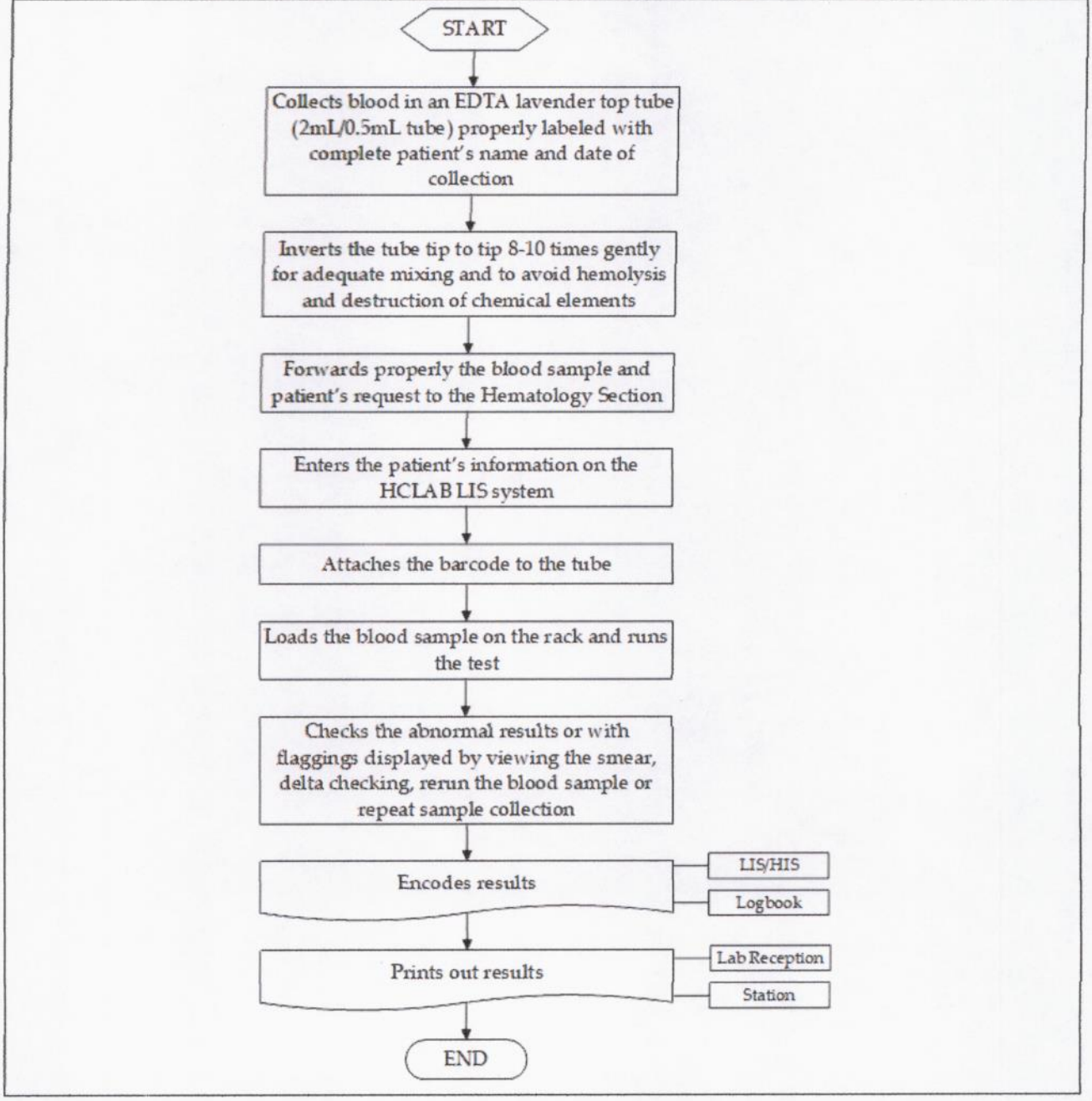
| | Name/Title | Signature | Date |
|---|---|---|---|
| Prepared by: | **REDABELLE DIONEO-SEGOVIA, RMT**<br>Section Head, Hematology | | 07-06-2022 |
| Verified: | **TIFFANY B. VILLANUEVA-COO, RMT**<br>Laboratory Manager | | 7-6-2022 |
| | **MONICA B. VILLANUEVA, RMT, PhD**<br>Laboratory Manager | | 7-6-2022 |
| | **MELANIE ROSE B. ZERRUDO, MD, FPSP**<br>Chair, Department of Pathology | | 7-6-2022 |
| Reviewed: | **DENNIS C. ESCALONA, MN, FPSQua**<br>Quality Assurance Supervisor | | 07-06-2022 |
| Recommending Approval: | **ROSARIO D. ABARING, MAN, PhD**<br>Ancillary Division Officer | | 07.06.2022 |
| | **FREDERIC IVAN L. TING, MD**<br>OIC - Total Quality Division | | 7/8/22 |
| Approved: | **GENESIS GOLDI D. GOLINGAN**<br>President and CEO | | 9/11/22 |

DR. PABLO O. TORRE MEMORIAL HOSPITAL

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

| | |
|---|---|
| Document Code: | DPOTMH–E-57-P01-FC13 |
| Effective Date: | 06-30-2022 |
| Document Type: | Flowchart |
| Page Number: | 1 of 2 |
| Department/Section: | Hematology |
| Document Title: | **PLATELET COUNT** |

## FLOWCHART



**APPROVAL:**

| | Name/Title | Signature | Date |
|---|---|---|---|
| Prepared by: | **REDABELLE DIONEO-SEGOVIA, RMT**<br>Section Head, Hematology | | 07-06-2022 |
| Verified: | **TIFFANY B. VILLANUEVA-COO, RMT**<br>Laboratory Manager | | 7-6-2022 |
| | **MONICA B. VILLANUEVA, RMT, PhD**<br>Laboratory Manager | | 7-6-2022 |
| | **MELANIE ROSE B. ZERRUDO, MD, FPSP**<br>Chair, Department of Pathology | | 7-6-2022 |
| Reviewed by: | **DENNIS C. ESCALONA, MN, FPCHA, FPSQua**<br>Quality Assurance Supervisor | | 07-06-2022 |
| Recommending Approval: | **ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA**<br>Ancillary Services Division Officer | | 07.06.2022 |
| | **FREDERIC IVAN L. TING, MD**<br>OIC- Total Quality Division | | 7/8/22 |
| Approved: | **GENESIS GOLDI D. GOLINGAN**<br>President and CEO | | 9/11/22 |