

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY – POINT OF CARE POLICY MANUAL**

Emergency Room Hemoccult Testing

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Effective Date: January 16, 2004

Policy No: POC ER 0002

Cross Referenced:

Origin: Point of Care Tests

Reviewed Date: 7/10; 11/11; 6/12; 5/13; 6/15

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Revised Date: July 13, 2010

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SCOPE: All certified clinicians of the Emergency Room department.

POLICY: Enter result in Cerner for documentation and charges. Results can be entered in ER POC Result Form during downtime and/or if the patient is unregistered at the time of test. Symbols like (+) for positive or (-) negative are not allowed to be entered on the form as patient result, however, POS or NEG abbreviations are acceptable. Enter result in computer when Cerner is back up.

PURPOSE: To provide a screening test that will detect a bleed from anywhere along the digestive tract.

REAGENTS AND EQUIPMENT:

Hemoccult Slides (contain guaiac paper)

Hemoccult Developer (a developing solution containing a stabilized mixture of less than 5.0% hydrogen peroxide and 75% denatured ethyl alcohol in aqueous solution).

STORAGE AND STABILITY:

Store products in room temperature (15 – 30°C).

Do not refrigerate or freeze.

PROCEDURES:

1. Collect a some stool sample.
2. Apply a thin smear covering Box A.
3. Obtain second stool sample and apply a thin smear on Box B.
4. Close cover flap.
5. Wait **3 to 5 minutes** before developing (skipping this wait time may lead to a false negative result).
6. Apply **one drop** of Hemoccult Developer between the positive and negative Performance Monitor (control) areas.
7. Read result within 10 seconds. A blue color will appear in the positive Performance Monitor area and no blue will appear in the negative.
8. Apply **two drops** of Hemoccult Developer to guaiac paper directly over each smear (on the reverse side).
9. Read results within **60 seconds**.
10. Enter results in Cerner.

Performance Monitor (Quality Control):

The positive Performance Monitor area contains a hemoglobin-derived catalyst, which will turn blue within 10 seconds after applying the developer. The negative Performance Monitor area contains no such catalyst and should not turn blue after applying the developer.

REPORTING RESULTS:

Any trace of blue on or at the edge of the smear is **positive** for occult blood. Lack of blue color is

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negative for occult blood.

Interfering Substances:

Substances that can cause false-positive test results:

- Red meat (beef, lamb and liver)
- Aspirin (greater than 325 mg/day) and other non-steroidal anti-inflammatory drugs such as ibuprofen, indomethacin and naproxen.
- Corticosteroids, phenylbutazone, reserpine, anti-coagulants, anti-metabolites, and cancer chemotherapeutic drugs
- Alcohol in excess
- Application of antiseptic preparations containing iodine

Dietary iron supplements **will not** produce false-positive test results with Hemoccult tests.

Substances that can cause false negative test results:

- Ascorbic acid (Vitamin C) in excess of 250 mg/day.
- Excessive amounts of Vitamin C enriched foods (citrus fruits and juices)
- Iron supplements which contain quantities of vitamin C in excess of 250 mg per day.

Limitations of Procedure:

Bowel lesions, including some polyps and colorectal cancers, may not bleed at all or may bleed intermittently. Blood may not also be distributed uniformly in the fecal specimen so test may be negative even when disease is present. Results with the Hemoccult test cannot be considered conclusive evidence of the presence or absence of gastrointestinal bleeding. The Hemoccult test, as well as other unmodified occult blood tests, should not be used to test gastric specimens.

REFERENCES:

Hemoccult package insert by Beckman Coulter Inc., Fullerton, California