



Pathology and Laboratory Medicine Memorandum

To: Physicians and Health Service Directors

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Date: April 20, 2018

Subject: Revised Memo: Recommendations and Changes for Ionized Calcium (iCa) in the

Central Zone

Please note change to specimen collection requirements. Specimens must not be placed in ice, see revised memo below.

1. Clinical considerations for calcium testing:

Total calcium (tCa) is sufficient for clinical monitoring of calcium homeostasis in most patients. The clinical usefulness of iCa is restricted to the following patients:

- a) Acid-base disorders
- b) Receiving blood transfusions containing citrate anticoagulant,
- c) Late stage renal disease
- d) Hospitalized or critical ill patients.

2. iCa limitations:

- a) iCa measurement requires substantial manual labor as it is not automated.
- b) The cost for the iCa test is ten times the cost of tCa
- c) iCa is unstable; iCa result changes by 0.05 mmol/L for every 0.1 unit change in pH. Therefore a stringent specimen collection/handling is required.
 - iCa specimens must be collected and handled anaerobically to minimize pH changes.
 - Time delay between collection and measurement can falsely raise the iCa.
 - Blood specimens must to be kept cold before analysis to avoid pH changes.
 - Proper collection technique is critical to ensure accurate results.

3. iCa specimen requirements and reference ranges:

- a) Specimens collected in a full SST gold top tube. **Do not** place on ice. Due to time sensitivity deliver immediately to the laboratory identified as an ionized calcium.
 - Reference ranges: 1.16-1.32 mmol/L
 - The report will include: iCa, pH and iCa (7.4) which is the iCa result corrected to pH=7.4
- b) iCa is still available as part of the blood gas panel (when collected in a blood gas syringe)
 - Reference ranges: 1.15-1.27 mmol/L
- c) Specimens collected in lithium heparin tubes will no longer be accepted.

If you have any questions, please contact Dr. Amy Lou at (902)473-1528