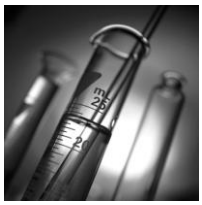
pathlab



May 2012

Ammonia

Most ammonia in the body forms when protein is broken down by bacteria in the intestines. The liver normally converts ammonia into urea, which is then eliminated in urine.

Ammonia levels in the blood rise when the liver is not able to convert ammonia to urea. This may be caused by cirrhosis or severe hepatitis.

An ammonia test is done to:

- Check how well the liver is working, especially when symptoms of confusion, excessive sleepiness, coma, or hand tremor are present.
- Check the success of treatment for severe liver disease, such as cirrhosis.
- Help predict the outcome (prognosis) of a diagnosed case of acute liver failure.
- An ammonia test may be ordered on a newborn when symptoms such as irritability, vomiting, lethargy, and seizures arise in the first few days after birth. It may be performed when a child develops these symptoms about a week following a viral illness, such as influenza or a cold, when suspicion that the child may have Reye's syndrome.

Ammonia will be tested on the Beckman Coulter DXC800 Chemistry Analyser onsite at Pathlab BOP and will no longer be forwarded to Canterbury Health Laboratories.

Ammonia will tested on request. It is an approved after hours test.

Reference Range: Male and Female 11 – 35 µmol/L

Plasma (EDTA) is the required sample. Other specimen types will not be accepted.

The sample must be sent to the Laboratory on ICE .

The Sample must then be centrifuged immediately.

The Plasma must then separated off into a separate plastic tube, fully labelled with the patient's details and with an "E suffix".

Sample must be tested within 30 minutes of collection.

If you have any queries please contact:

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CLINICAL UPDATE