LAB PROCEDURES AND ANALYSIS

The test for ammonia should only take a few minutes after receipt of the sample, so clinicians can expect a rapid report from the laboratory.[1] Direct procedures, such as enzymatic methods, are more widely used than indirect procedures to measure plasma ammonia levels, as they are more easily automated.[11]

NORMAL BLOOD AMMONIA REFERENCE LEVELS[7]

Decision limits of plasma ammonia concentrations* (to be interpreted with the clinical situation)[1]:

Approximate age	µmol/L
Premature neonates	< 150
Term neonates	< 100
Infants	< 40
Adults	11-32

*Individual laboratory reference levels may vary.

INTERPRETATION OF RESULTS

The goal is to rule out hyperammonemia without delay.[1]

If hyperammonemia is confirmed, other laboratory tests that may be helpful in diagnosing a urea cycle disorder (UCD) include[1]:

- Blood glucose, blood gases, electrolytes, lactate, and transaminases
- Plasma amino acids and blood acylcarnitines
- Urine amino acids, organic acids, and orotic acid

Regardless of cause, any delay in recognizing or treating hyperammonemia increases the risk of irreversible brain damage or death.[1]

RAPID, ACCURATE BLOOD AMMONIA DRAW AND ANALYSIS: A QUICK SUMMARY

- Alert laboratory to STAT order
- Sample free-flowing venous or arterial blood – no tourniquet
- Use lithium heparin or EDTA tube
- Immediately place sample on ice, with orders to be handled STAT

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TESTING FOR HYPERAMMONEMIA

The Essentials

National Urea Cycle Disorders Foundation
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ZEVRA THERAPEUTICS

HYPERAMMONEMIA CAN BE A LIFE-THREATENING CONDITION THAT MAY AFFECT PATIENTS AT ANY AGE.[1]

A LIFE-THREATENING CONDITION

Hyperammonemia is a metabolic condition characterized by excess ammonia in the blood that can affect patients at any age. **If left untreated, hyperammonemia may lead to irreversible neurological damage or death.**[1] Thus, particular care should be taken when sampling and handling plasma specimens to increase the positive predictive value of ammonia test results.[2]

SIGNS AND SYMPTOMS OF ACUTE HYPERAMMONEMIA

Signs and symptoms of acute hyperammonemia are nonspecific and are mostly neurological in origin.[3] Symptoms may include:

- Somnolence and lethargy progressing to coma[3]
- Vomiting (metabolic acidosis)[1]
- Seizures[1]
- Peripheral circulatory failure[1]
- Cerebral edema (respiratory alkalosis)[1]
- Liver failure[1]
- Multiorgan failure[1]
- Postpartum psychosis[1]
- In neonates: sepsis-like picture, respiratory distress, hypo/hyperthermia[1]

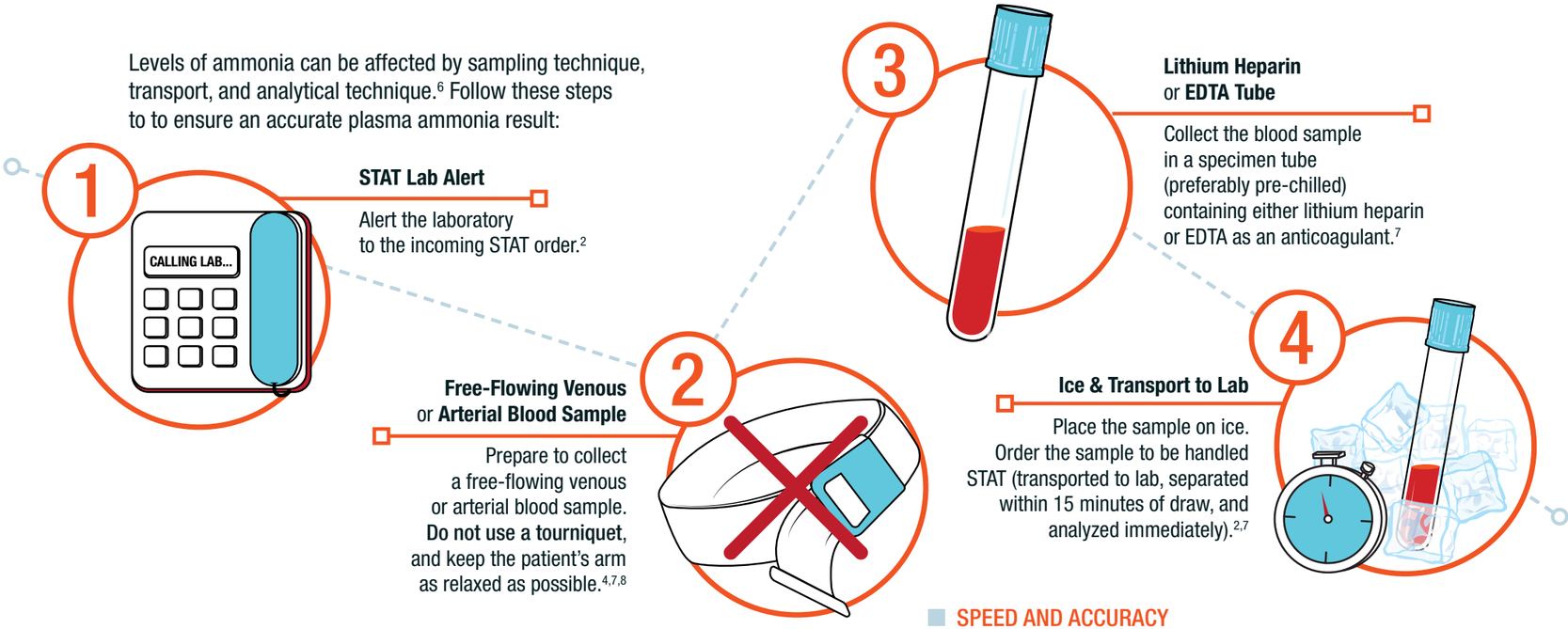
COMMON CAUSES OF HYPERAMMONEMIA

Common causes of hyperammonemia include[4]:

- Liver failure
- Reactions to drugs (e.g., valproic acid)
- Hemolytic disease
- Gastrointestinal bleeds
- Urea cycle disorders (UCDs) or other inborn errors of metabolism (IEMs)[2,5]

ACCURATE BLOOD AMMONIA DRAW AND ANALYSIS: THE ESSENTIAL STEPS

Levels of ammonia can be affected by sampling technique, transport, and analytical technique.[6] Follow these steps to to ensure an accurate plasma ammonia result:



< Newborns who develop severe hyperammonemia after 24 hours of age usually have a UCD or an organic acidemia—both IEMs.[5]

< In older patients, liver disease is a likely cause of hyperammonemia. However, UCDs should be considered since 69% of UCD patients present with symptoms of hyperammonemia later in life.[9,10]

SPEED AND ACCURACY

- The management of a hyperammonemic crisis not only demands a rapid plasma ammonia reading but also an accurate one.[1]
- Critical clinical decisions depend on having the right diagnostic information.
- Hyperammonemic crises can develop quickly, increasing the risk of neurological damage and death.[1]
- If hyperammonemia is confirmed, treatment should not be delayed.[1]
- Consider calling a metabolic geneticist.