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Changes in Drug Level Laboratory Results

How does DoseMeRx respond when there is a drug level significantly different than previous ones?



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Updated over a week ago

Throughout a patient's course of therapy, there may be times where a drug level may be significantly higher than previous drug levels.

When there are multiple laboratory results that 'disagree' with one another, it may be because one is incorrect (e.g. it was drawn at the wrong time) or the patient's pharmacokinetic parameters have changed.

DoseMeRx won't ignore earlier laboratory results just because a subsequent one has been added. While newer results are considered somewhat more 'trustworthy', if both are quite different, DoseMeRx will tend to prefer the one most like the population model (as this is more common in the population). Therefore, it may recommend a different dose than what would be customary for a patient if only the most recent result was considered.

Here are two approaches to consider when this is encountered:

If the accuracy of the "outlier drug level" is questionable:

1. Consider obtaining another level if possible to validate the accuracy of the most recent level.
2. If you cannot obtain a level, [exclude the last level](#) and DoseMeRx will calculate the dose based on the prior existing levels.

If the most recent drug level value is considered to be correct:

1. Exclude earlier drug levels (if the last result is considered correct and you think a change has taken place).

Laboratory results can be excluded in DoseMeRx by selecting the Lab Results tab and selecting "Edit" on the laboratory value. A "pop up" box will show the time stamp of the laboratory result, the drug concentration, and serum creatinine if available. Unselect the checkbox "include in calculations" and then select "Save".

Related articles:

[Laboratory result not fitting for my patient?](#)

[How important is the time I take a patient's blood test?](#)

[Excluding lab results in DoseMeRx](#)

Questions?

If you have any questions about DoseMeRx, please contact [DoseMeRx Support](#).

Did this answer your question?



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