

Electrolytes

Sodium (Na ⁺)	135–145 mEq/L — critical <120 or >160
Potassium (K ⁺)	3.5–5.0 mEq/L — critical <2.5 or >6.0; check ECG (peaked T / U waves)
Calcium (Ca ²⁺)	8.5–10.5 mg/dL — Trousseau's/Chvostek's signs when low
Magnesium (Mg ²⁺)	1.5–2.5 mEq/L — low Mg worsens refractory hypokalemia
Phosphorus	2.5–4.5 mg/dL
Chloride (Cl ⁻)	98–106 mEq/L

Kidney & Metabolic

BUN	10–20 mg/dL — rises with dehydration and renal failure
Creatinine	0.6–1.2 mg/dL — best single indicator of renal function
BUN:Creatinine ratio	~10:1 normal; high ratio suggests prerenal cause (dehydration)
Glucose (fasting)	70–100 mg/dL — critical <40 or >400
HbA1c	<5.7% normal; ≥6.5% diabetes

Hematology & Coagulation

WBC	5,000–10,000/mm ³ — high = infection/inflammation
RBC	M 4.5–5.5 / F 4.0–5.0 million/mm ³
Hemoglobin	M 14–18 / F 12–16 g/dL — critical <5 or >20
Hematocrit	M 40–54% / F 36–46% — roughly 3× hemoglobin
Platelets	150,000–400,000/mm ³ — critical <20,000 (bleeding risk)
PT	11–12.5 sec — monitors warfarin with INR
INR	0.8–1.1 normal; therapeutic on warfarin 2.0–3.0 — critical >5
aPTT	30–40 sec — monitors heparin; therapeutic 1.5–2.5× normal

ABGs

pH	7.35–7.45
PaCO ₂	35–45 mmHg — respiratory component (up = acidosis)
HCO ₃ ⁻	22–26 mEq/L — metabolic component
PaO ₂	80–100 mmHg; SaO ₂ 95–100%
Quick read: match the abnormal value to its system — CO ₂ abnormal = respiratory, HCO ₃ abnormal = metabolic; pH tells acidosis vs alkalosis	

Therapeutic Drug Levels (NCLEX favorites)

Digoxin	0.8–2.0 ng/mL — toxicity: vision changes, anorexia, arrhythmias; check K ⁺ first
Lithium	0.6–1.2 mEq/L — toxicity >1.5; maintain hydration and salt intake
Phenytoin (Dilantin)	10–20 mcg/mL — toxicity: nystagmus, ataxia, slurred speech
Theophylline	10–20 mcg/mL — toxicity: tachycardia, seizures

Critical Values — Act First

K⁺ <2.5 or >6.0, Na⁺ <120 or >160, platelets <20,000, Hgb <5, glucose <40 or >400, INR >5
 NCLEX rule: unstable airway/breathing/circulation beats lab values — assess the patient, then report critical labs immediately

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