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 (Ca2+)	8.5–10.5 mg/dL — Trousseau's/Chvostek's signs when low
Magnesium (Mg2+)	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/mm³ — high = infection/inflammation
RBC	M 4.5–5.5 / F 4.0–5.0 million/mm³
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/mm³ — 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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