

# Acute Care Lab Values Cheat Sheet

by cdw (cdw) via cheatography.com/209962/cs/45229/

# White Blood Cells

CVs: < 2,500 or > 30,000

Upward Trend: acutely ill, fever, and fatigue. Downward Trend: high chance of infection, fatigue, and oncologic emergency if neutropenic and fevered.

#### **Platelets**

CVs: < 50,000 or > 1 million

Upward Trend: headache, dizziness, tingling in hands and feet, and screen for VTE.

Downward Trend: high chance of bleeding, easily bruising, and especially mind fall risk.

#### HGB, Hematocrit, and RBC

HGB CVs: < 5 or > 20

Hematocrit CVs: < 15% or > 60%

Red Blood Cells Male: 4.7-6.1, Female:

(normal) 4.2-5.4

Generally for all 3:

- Upward Trend: fatigue, headaches, weakness, dizziness, and VTE monitor.
- Downward Trend: also known as anemia, OH, dizziness, headaches, pallor, dyspnea, keep in mind CVA, cardiac, or renal conditions and signs for poor perfusion (discoloration, peripheral pulses, decreased temp, and angina).

# Coagulation Tests

APTP	CV: >70 secs
Prothrombin Time	CV: 20 secs
INR	CV: > 5.5

These are your very high bleed risks and potentially spontaneuous bleed risks. Very high caution for falling and even things like BP cuffs can bruise these patients.

# Sodium

CVs: < 120 or > 160

Upward Trend: confused, thirsty, tachycardic, hypotensive, seizure risk, and cardiac rhythm monitoring.

Downward Trend: OH, edema, confused, weakness, lethargic, seizure, and coma.

# Calcium

CVs: < 6 or > 13

Upward Trend: weakness, ventricular dysthymia, nausea, lethargy, and patients undergoing oncology treatment are at risk for hypercalcemia (alert team for oncologic emergency).

Downward Trend: confusion, cramping, seizure precaution, dysrthymia, fatigue, paresthesia, and your chronic patients can present with osteopenia or osteoporosis.

#### Potassium

CVs: < 2.5 or > 6.5

Upward Trend: muscle weakness/paralysis, paresthesia, dysrhythmia, bradycardia, > 5 is an increased risk of dysrhythmia, and assess for ascending muscle decline that could become paralysis.

Downward Trend: extremity weakness, paresthesia, dysrhythmia, hypotension, < 2.5 is an increased risk of dysrhythmia, and assess for ascending muscle decline that could become paralysis.

# Other Electrolytes

Chloride	CVs: < 80 or > 115
Phosphate	CVs: < 1.0
Magnesium	CVs: < 0.5 or > 3

# Kidney Functon

Blood Urea Nitrogen CVs: > 100
Serum Creatinine CVs: > 4

#### For Both:

- Upward Trend: edema, fatigue, confusion (SC), hypertension (BUN), confusion, polydipsia (BUN), nausea (BUN), abdominal or back pain (SC), and dyspnea (SC).
- Downward Trend (mainly BUN): fatigue, nausea, headache, and confusion.

#### Arterial Blood Gases

рН	CVs: < 7.25 or > 7.55
PaCO2	CVs: < 20 or > 60
HCO3	CVs: < 15 or > 40
PaO2	CVs: < 40

# **Hepatic Panel**

Serum Albumin	CV: < 1.5
Serum Prealbumin	CV: < 10.7
Serum Bilirubin	CV: > 12

Serum Albumin & Prealbumin:

- Upward Trend: fatigue, dizziness, and OH.
- Downward Trend: hypotension and peripheral edema.

Serum Bilirubin

- Upward Trend: will produce yellow tint to body tissues, abdominal pain and bloating, and associated with neurological manifestations such as confusion, hyperreflexia, and muscle tremors.

# Glucose

CVs: < 50 or > 400

Trending Upward: polyuria and dipsia, blurred vision, fatigue/weakness, and dizziness.

Trending Downward: pale, weakness, tachycardia, LoC, seizure, and lethargy. 15-30g of fast acting carbs recommended if blood glucose is < 100.

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By **cdw** (cdw) cheatography.com/cdw/

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