

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 (normal) Male: 4.7-6.1, Female: 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

APTT CV: >70 secs

Prothrombin Time CV: 20 secs

INR CV: > 5.5

These are your very high bleed risks and potentially spontaneous 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, dysrhythmia, 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 Function

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

pH 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.

