

## Complete Blood Count (CBC)

<b>WBC (White Blood Cells)</b>	<b>5,000–10,000 /<math>\mu</math>L</b>	Crit: <2,000 (infection risk) or >30,000
<b>RBC (Red Blood Cells)</b>	<b>M 4.7–6.1, F 4.2–5.4 M/<math>\mu</math>L</b>	Low = anemia; High = polycythemia
<b>Hemoglobin (Hgb)</b>	<b>M 14–18, F 12–16 g/dL</b>	Crit: <7 g/dL (transfusion threshold)
<b>Hematocrit (Hct)</b>	<b>M 42–52%, F 37–47%</b>	~3 $\times$ the hemoglobin value
<b>Platelets</b>	<b>150,000–400,000 /<math>\mu</math>L</b>	Crit: <50,000 bleed risk; <20,000 spontaneous
<b>MCV</b>	<b>80–100 fL</b>	Low=microcytic, High=macrocytic anemia
<b>MCH</b>	<b>27–31 pg/cell</b>	Average Hgb per RBC
<b>MCHC</b>	<b>32–36 g/dL</b>	Hgb concentration per RBC
<b>RDW</b>	<b>11.5–14.5%</b>	RBC size variation
<b>Neutrophils</b>	<b>2,500–8,000 /<math>\mu</math>L (50–70%)</b>	First responders to bacterial infection
<b>Lymphocytes</b>	<b>1,000–4,000 /<math>\mu</math>L (20–40%)</b>	Viral infections, immunity
<b>Eosinophils</b>	<b>50–500 /<math>\mu</math>L (1–4%)</b>	Allergy, parasites
<b>Reticulocytes</b>	<b>0.5–2.5%</b>	Bone-marrow RBC production

## Coagulation

<b>PT</b>	<b>11–13.5 sec</b>	Monitors warfarin (extrinsic pathway)
<b>INR</b>	<b>0.8–1.1 (therapeutic 2–3 on warfarin)</b>	Crit: >5 high bleed risk
<b>aPTT</b>	<b>30–40 sec</b>	Monitors heparin (therapeutic 1.5–2.5 $\times$ normal)
<b>Fibrinogen</b>	<b>200–400 mg/dL</b>	Low in DIC
<b>D-dimer</b>	<b>&lt;0.5 <math>\mu</math>g/mL</b>	Elevated in DVT/PE, DIC

## Electrolytes

<b>Sodium (Na)</b>	<b>135–145 mEq/L</b>	Crit: <120 or >160 (seizure risk)
<b>Potassium (K)</b>	<b>3.5–5.0 mEq/L</b>	Crit: <2.5 or >6.5 (cardiac arrest)
<b>Chloride (Cl)</b>	<b>98–106 mEq/L</b>	Follows sodium
<b>Bicarbonate (HCO<sub>3</sub>)</b>	<b>22–26 mEq/L</b>	Metabolic acid–base status
<b>Calcium (Ca, total)</b>	<b>9.0–10.5 mg/dL</b>	Crit: <6 or >13 (tetany / arrhythmia)
<b>Magnesium (Mg)</b>	<b>1.5–2.5 mEq/L</b>	Low $\rightarrow$ torsades; checked with K replacement
<b>Phosphate</b>	<b>3.0–4.5 mg/dL</b>	Inverse to calcium

## Renal Function

<b>BUN</b>	<b>10–20 mg/dL</b>	Elevated in dehydration, renal failure
<b>Creatinine</b>	<b>M 0.6–1.2, F 0.5–1.1 mg/dL</b>	Best marker of kidney function
<b>eGFR</b>	<b>&gt;90 mL/min/1.73m<sup>2</sup></b>	<60 for $\geq$ 3 mo = chronic kidney disease
<b>BUN/Creatinine ratio</b>	<b>10:1–20:1</b>	High ratio = dehydration / prerenal

## Glucose & Metabolic

<b>Fasting glucose</b>	<b>70–99 mg/dL</b>	Crit: <50 or >400; $\geq$ 126 = diabetes
<b>Random glucose</b>	<b>&lt;140 mg/dL</b>	$\geq$ 200 with symptoms = diabetes
<b>HbA1c</b>	<b>&lt;5.7% (goal &lt;7% diabetic)</b>	3-month average glucose

## Liver Function

<b>ALT</b>	<b>7–56 U/L</b>	Most liver-specific enzyme
<b>AST</b>	<b>10–40 U/L</b>	Liver + cardiac/muscle
<b>ALP</b>	<b>44–147 U/L</b>	Liver + bone
<b>Total bilirubin</b>	<b>0.3–1.0 mg/dL</b>	Elevated = jaundice (>2.5 visible)
<b>Direct bilirubin</b>	<b>0.1–0.3 mg/dL</b>	Conjugated fraction
<b>Albumin</b>	<b>3.5–5.0 g/dL</b>	Low = malnutrition, liver/renal disease
<b>Total protein</b>	<b>6.4–8.3 g/dL</b>	Albumin + globulins
<b>Ammonia</b>	<b>15–45 <math>\mu</math>g/dL</b>	Elevated in hepatic encephalopathy

## Cardiac Markers

<b>Troponin I</b>	<b>&lt;0.04 ng/mL</b>	Gold standard for MI; rises 3–4 h
<b>CK-MB</b>	<b>0–3 ng/mL</b>	Cardiac-specific CK fraction
<b>BNP</b>	<b>&lt;100 pg/mL</b>	>400 strongly suggests heart failure
<b>Myoglobin</b>	<b>&lt;90 <math>\mu</math>g/L</b>	Earliest MI marker (1–3 h)

## Lipid Panel

<b>Total cholesterol</b>	<b>&lt;200 mg/dL</b>	Desirable
<b>LDL</b>	<b>&lt;100 mg/dL</b>	"Bad" cholesterol — lower is better
<b>HDL</b>	<b>M &gt;40, F &gt;50 mg/dL</b>	"Good" — higher is protective
<b>Triglycerides</b>	<b>&lt;150 mg/dL</b>	Fasting required

## Arterial Blood Gas (ABG)

<b>pH</b>	<b>7.35–7.45</b>	Crit: <7.20 or >7.55
<b>PaCO<sub>2</sub></b>	<b>35–45 mmHg</b>	Respiratory component
<b>PaO<sub>2</sub></b>	<b>80–100 mmHg</b>	Crit: <60 (hypoxemia)
<b>HCO<sub>3</sub></b>	<b>22–26 mEq/L</b>	Metabolic component
<b>SaO<sub>2</sub></b>	<b>95–100%</b>	O <sub>2</sub> saturation
<b>Base excess</b>	<b>-2 to +2 mEq/L</b>	Metabolic acid–base balance

## Thyroid

<b>TSH</b>	<b>0.4–4.0 mIU/L</b>	High=hypothyroid, Low=hyperthyroid
<b>Free T<sub>4</sub></b>	<b>0.8–1.8 ng/dL</b>	Active thyroid hormone
<b>Total T<sub>3</sub></b>	<b>80–200 ng/dL</b>	Triiodothyronine

## Inflammation & Others

<b>CRP</b>	<b>&lt;1.0 mg/dL</b>	Acute inflammation marker
<b>ESR</b>	<b>M &lt;15, F &lt;20 mm/hr</b>	Nonspecific inflammation
<b>Procalcitonin</b>	<b>&lt;0.5 ng/mL</b>	Bacterial sepsis marker
<b>Lactate (Lactic acid)</b>	<b>0.5–2.2 mmol/L</b>	>4 = sepsis/shock, poor perfusion
<b>Uric acid</b>	<b>M 3.4–7.0, F 2.4–6.0 mg/dL</b>	Elevated in gout
<b>Amylase</b>	<b>30–110 U/L</b>	Elevated in pancreatitis
<b>Lipase</b>	<b>0–160 U/L</b>	More specific for pancreatitis
<b>Ferritin</b>	<b>M 12–300, F 12–150 ng/mL</b>	Iron stores; low = iron-deficiency
<b>Serum iron</b>	<b>60–170 µg/dL</b>	Low in iron-deficiency anemia
<b>TIBC</b>	<b>240–450 µg/dL</b>	High in iron deficiency
<b>Vitamin B12</b>	<b>160–950 pg/mL</b>	Low → megaloblastic anemia, neuro
<b>Folate</b>	<b>2.7–17 ng/mL</b>	Low → megaloblastic anemia
<b>Vitamin D</b>	<b>30–100 ng/mL</b>	Deficiency common

## Urinalysis

<b>Urine specific gravity</b>	<b>1.005–1.030</b>	Low=overhydration, High=dehydration
<b>Urine pH</b>	<b>4.6–8.0</b>	Diet & acid–base dependent
<b>Urine protein</b>	<b>Negative</b>	Proteinuria → renal disease
<b>Urine ketones</b>	<b>Negative</b>	Positive in DKA, starvation

## Therapeutic Drug Levels (high-yield!)

<b>Digoxin</b>	<b>0.5–2.0 ng/mL</b>	Crit: >2.4 (toxicity: N/V, vision, arrhythmia)
<b>Lithium</b>	<b>0.6–1.2 mEq/L</b>	Crit: >1.5 (tremor, confusion, seizures)
<b>Phenytoin (Dilantin)</b>	<b>10–20 µg/mL</b>	Toxic >20 (nystagmus, ataxia)
<b>Vancomycin (trough)</b>	<b>10–20 µg/mL</b>	Nephro/ototoxic if high
<b>Theophylline</b>	<b>10–20 µg/mL</b>	Toxic >20 (tachycardia, seizures)
<b>Carbamazepine</b>	<b>4–12 µg/mL</b>	Anticonvulsant
<b>Valproic acid</b>	<b>50–100 µg/mL</b>	Anticonvulsant / mood
<b>Acetaminophen</b>	<b>10–30 µg/mL</b>	Toxic >150 at 4h → liver failure
<b>Salicylate (ASA)</b>	<b>10–30 mg/dL</b>	Toxic >40 (tinnitus, acidosis)
<b>Gentamicin (trough)</b>	<b>&lt;2 µg/mL</b>	Nephro/ototoxic
<b>Magnesium (OB, on Mg drip)</b>	<b>4–7 mg/dL therapeutic</b>	Loss of DTRs = toxicity → stop drip

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