Neutrophils (polys) (54% to 62%) (3 to 5.8 × 10^3 cells/mm^3)	Primary defense in bacterial infection; capable of phagocytizing and killing bacteria
Bands (3% to 5%) (0.15–0.4 × 10^3 cells/mm^3)	Immature neutrophil Increased numbers in bacterial infection Also capable of phagocytosis and killing
Eosinophils (1% to 3%) (0.05 to 0.25 × 10^3 cells/mm^3)	Named for their staining characteristics with eosin dye Increased in allergic disorders, parasitic diseases, certain neoplasms, and other diseases
Basophils (0.075%) (0.015 to 0.030 × 10^3 cells/mm^3)	Named for their characteristic basophilic stippling Contain histamine, heparin, and serotonin; believed to cause increased blood flow to injured tissues while preventing excessive clotting
Lymphocytes (25% to 33%) (1.5 to 3.0 × 10^3 cells/mm^3)	Involved in development of antibody and delayed hypersensitivity
Monocytes (3% to 7%)	Large phagocytic cells that are involved in early stage of inflammatory reaction
ANC (>1000/mm^3)	Percent neutrophils/bands times WBC count Indicates body's capability to handle bacterial infections
Platelet count (150 to 400 × 10^3/mm^3)	Number of platelets/mm^3 of blood Cellular fragments that are necessary for clotting to occur
Stained peripheral blood smear	Visual estimation of amount of Hgb in RBCs and overall size, shape, and structure of RBCs Various staining properties of RBC structures may be evidence of immature forms of erythrocytes Shows variation in size and shape of RBCs: microcytic, macrocytic, poikilocytic (variable shapes)

ANC, Absolute neutrophil count; *Hct*, hematocrit; *Hgb*, hemoglobin; *MCH*, mean corpuscular hemoglobin; *MCHC*, mean corpuscular hemoglobin concentration; *MCV*, mean corpuscular volume; *RBC*, red blood cell; *WBC*, white blood cell.

As with any disorder, the history and physical examination are essential to identify hematologic dysfunction, and the nurse is often the first person to suspect a problem based on information from these sources. Comments by the parent regarding the child's lack of energy, food diary of poor sources of iron, frequent infections, and bleeding that is difficult to control offer clues to the more common disorders affecting the blood. A careful physical appraisal, especially of the skin, can reveal findings (e.g., pallor, petechiae, bruising) that may indicate minor or serious hematologic conditions. Nurses need to be aware of the clinical manifestations of blood diseases to assist in recognizing symptoms and establishing a diagnosis.

Nursing Tip

A common term used in describing an abnormal complete blood count (CBC) is **shift to the left**, which refers to the presence of