

1. A=	Abnormal- Do nothing
2. B=	Be Concerned- Assess/Monitor
3. C=	Critical- Do something!
4. D=	Deadly Dangerous Do something NOW. You cannot take care of this. You need HELP.
5. INR Theapeutic	2-3
6. INR >4	C= Critical.
7. When INR is critical (Greater than 4)	Hold Coumadin Assess For Bleeding Prepare Vitamin K Call Doctor
8. Creatinine Therapeutic? (Best Indicator of Kidney Function)	0.6-1.2 (Same as Lithium)
9. Elevated Creatinine	Greater than 1.2 = A (Abnormal) Do nothing.
10. Potassium Therapeutic	3.5-5.3
11. Low Potassium (Less than 3.5) =	C (Critical)
12. What should you do if your K is low? (Less than 3.5)	Assess Heart Prepare to Give K Call Doctor
13. Elevated Potassium?	If it's 5.4-5.9 = Critical High but Still in the 5's.
14. What to do if K is in Critical Range? (5.4-5.9)	Hold K Assess Heart Prepare Kayexalate + D5W+Regular Insulin
15. Potassium Over 6?	D= DEADLY DANGEROUS. DO SOMETHING NOW.
16. When Potassium is over 6 you?	First get Vitals. Then get help. Look for severe acidosis - that's what this is and is the biggest priority.
17. BUN Therapeutic Range	8-30
18. Elevated BUN? (Over 30)	B. Be concerned.
19. What do you do if BUN is elevated? (Over 30)	Check for Dehydration
20. Hemoglobin Therapeutic	12-18. Remember Teenage hemoglobin
21. If Hemoglobin is moderately low (8-11)	B. (Be concerned). Check for Bleeding.
22. What do you do if Hemoglobin is less than 8?	C= Critical. Assess for Bleeding Prepare Blood Transfusion Call Doctor

23. HCO3 (Bicarb) Therapeutic	22-26 (Young Adult Age)
24. Normal Bicarb?	A= Abnormal. Not really concerned.
25. CO2 Therapeutic	35-45
26. Beware, CO2 Range doesn't count in	COPD Patients
27. If CO2 is in the 50s?	C= Critical
28. What should you do if CO2 is in the 50s?	Assess Respiratory Status Do Pursed Lip Breathing Never Pick Give O2!!!
29. If the CO2 is the 60s?	D= Respiratory FAILURE.
30. What should you do if CO2 is in the 60s?	Assess Respiratory Status Do Pursed Lip Breathing Prepare for Intubation Call Respiratory Call MD
31. Hematocrit (HCT) Therapeutic	36-54 Abnormal= B.
32. What should you do if Hematocrit is Elevated?	Assess for Dehydration
33. PO2 Therapeutic (This is Partial O2 in Arterial blood. From ABG Only)	78-100
34. Kind of Low PO2 ? (70-77)	C= Critical
35. What should you do if PO2 is 70-77?	Assess Respiratory Status Give O2
36. PO2 < 60	D= DEADLY DANGEROUS.
37. What should you do if PO2 is really low?	Assess Respiratory Status Give Respiratory Status Prepare O2 Call Respiratory Call Doctor
38. O2 Saturation Therapeutic	93-100 (Lower than 95 is bad for Peds pts)
39. Always ____ for O2 levels	Over React
40. If O2 is less than 93	C= Critical. Assess Respiratory Give O2
41. BNP Normal	< 100
42. If BNP is Elevated	B. Be Concerned. Look for signs of CHF
43. NA Therapeutic	135-145
44. If NA is Abnormal	It's a B
45. If NA is Abnormal WITH A change in LOC	C= Critical. Huge Safety Risk

46. WBC Therapeutic?	5,000-11,000
47. If WBC is <5000	C- Critical
48. ANC Normal (Absolute Neutrophil Count)	C - Critical
49. CD4 Count < 200	AIDS. = Critical. Neutropenic Precautions
50. High WBC Count(Greater than 11,000)	Leukocytosis
51. Low WBC Count	Leukopenia Neutropenia Agranulocytosis Immunosuppression Bone Marrow Suppression
52. Neutropenic Precautions (Low WBC, Less than 5,000)	Strict Handwashing Shower BID with antimicrobial soap Avoid Crowds Private Room Limit numbers of staff entering room Limit Visitors for Healthy Adults No fresh flowers or potted plants Low Bacteria Diet: No Raw Fruits, Veggies, Salads No Undercooked meat. Do not drink water than has been standing longer than 15 minutes Vital signs (Especially Temperature) every 4 hours Check WBC (ANC) Daily Avoid the use of an indwelling catheter Do not re-use cups.. must wash between uses Use disposable plates, cups, straws, plastic knife, fork, spoon Dedicated Items in Room: Stethoscope BP Cuff Thermometer Gloves ASSESS FOR INFECTION!!!
53. Platelets (Help Clotting) Therapeutic	150-400,000 (Wide Range)
54. Platelets <90,000	C= Critical
55. Platelets <40,000	D= Deadly Dangerous

56. Bleeding Precautions/Thrombolytic Protocol	No unnecessary venipuncture For injections or IV, Use Small Gauge Handle Pt Gently, use drawsheet Use Electric Razor No toothbrush or flossing No Hard Foods Well fit dentures (No rubbing) Blow Nose Gently No rectal temperature, enema, or suppository No Aspirin No contact sports No walking in bare feet No tight clothes or shoes Use stool softener. No straining Notify MD of blood in urine, and stool.
57. RBC's Therapeutic	4-6
58. Abnormal RBC (Not 4-6)	B= Be concerned
59. K>6	DEADLY DANGEROUS
60. PH<6	DEADLY DANGEROUS
61. CO2 in the 60's	DEADLY DANGEROUS
62. Platelets 40,000 or less	DEADLY DANGEROUS
63. When should you call a Rapid Response Team?	Symptomatic D's
64. Absolute Neutrophil count	1500-8000/mm ³ or 1.5 to 8.0
65. Normal Glasgow Coma Scale	15, less than that is not stable
66. Peak flow for Asthma	80% or higher is stable and means good control, 50-79% means caution, and less then 50 is a medical alert
67. Normal MAP	70-105 mm Hg. A MAP <60 will not allow for adequate perfusion of vital organs
68. Normal Troponin	<0.5 for Troponin I and <0.1 for Troponin T
69. Normal Uric Acid Level	4.0-8.5
70. Normal Carboxyhemoglobin Level (Carbon monoxide)	2-3% in non smokers and slightly higher in smokers
71. Parkland Formula	4mg/ kg of body weight, and first half within the first 8 hours
72. Normal newborn levels	RR 30-60, Glucose <70-100, but > 40 Bo 70/40