

Clinical Prep — NCLEX Lab Values Cheat Sheet

The values the NCLEX actually tests, with the danger and your first action for each. Print this. Tape it to your wall.

Electrolytes

Value	Normal Range	Danger & First Action
Sodium (Na ⁺)	136–145 mEq/L	Low: confusion, neuro changes (esp. older adults). High: dehydration. Correct slowly — rapid shifts injure the brain.
Potassium (K ⁺)	3.5–5.0 mEq/L	Most tested electrolyte. Low: dysrhythmias (worse on digoxin). High: peaked T waves, arrest. Never IV push K ⁺ .
Calcium (Ca ²⁺)	8.5–10.5 mg/dL	Low: tetany, +Chvostek / +Trousseau. High: lethargy, stones, cardiac changes.
Magnesium (Mg ²⁺)	1.5–2.5 mg/dL	Low: hyperreflexia, seizures; travels with low K ⁺ . High: hyporeflexia, respiratory depression.
Phosphorus	2.5–4.5 mg/dL	Low in refeeding syndrome and alcohol withdrawal — replace before feeding.

ABGs — read in 3 steps

Value	Normal	How to Use It
pH	7.35–7.45	Step 1: <7.35 = acidosis, >7.45 = alkalosis.
PaCO ₂	35–45 mmHg	Step 2: the respiratory lever — moves <i>opposite</i> the pH. ROME: Respiratory Opposite, Metabolic Equal.
HCO ₃	22–26 mEq/L	The metabolic lever — moves <i>with</i> the pH. Step 3: if the other value shifts to fix it, compensation started.
PaO ₂ / SaO ₂	80–100 mmHg / 95–100%	SaO ₂ under 90% needs action no matter what the acid-base story says.

CBC, Kidneys & Glucose

Value	Normal	Danger & First Action
Hemoglobin / Hematocrit	M 14–18 / F 12–16 g/dL · Hct ≈ 3× Hgb	Falling trend = bleeding until proven otherwise.
WBC	5,000–10,000/mm ³	Very low = neutropenic precautions (no fresh flowers, no sick visitors, private room).
Platelets	150,000–400,000/mm ³	<50k = bleeding risk; <20k = spontaneous bleeding. No IM injections, no rectal temps.
BUN / Creatinine	10–20 mg/dL / 0.6–1.2 mg/dL	Rising creatinine = hold nephrotoxins (aminoglycosides, vancomycin) and notify.
Glucose (fasting)	70–100 mg/dL	<70 = 15 g fast carbs if they can swallow (conscious). Unconscious = never anything by mouth.

Drug Levels the NCLEX Loves

Drug / Test	Therapeutic	Toxicity Clue
Digoxin	0.5–2.0 ng/mL	Nausea, vision changes, dysrhythmia. Low K ⁺ makes toxicity more likely — check K ⁺ first.
Lithium	0.6–1.2 mEq/L	Coarse tremor, confusion. Dehydration + low sodium push levels up.
INR (warfarin)	2.0–3.0	High = bleeding risk. Antidote: vitamin K. Teach: consistent vitamin K intake, soft toothbrush.
aPTT (heparin)	1.5–2.5× control	Too high = bleeding risk. Antidote: protamine sulfate.

Learn each value as a trio — normal range → the danger → your first action — and lab questions turn into free points.

Want 5,700 practice questions with a full rationale for every answer? **clinicalprepncllex.com** — free guides, \$14.99 Etsy bundle, 500-question paperback on Amazon.

© 2026 Clinical Prep · For study use only, not medical advice.