



NCLEX-RN Quick Review Cheat-Sheet

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Electrolytes & Chemistry

Sodium (Na ⁺)	135–145 mEq/L
Potassium (K ⁺)	3.5–5.0 mEq/L
Calcium (Ca ²⁺)	9.0–10.5 mg/dL
Magnesium (Mg ²⁺)	1.5–2.5 mEq/L
Chloride (Cl ⁻)	98–106 mEq/L
Phosphorus	3.0–4.5 mg/dL
BUN	10–20 mg/dL
Creatinine	0.6–1.2 mg/dL
Glucose (fasting)	70–110 mg/dL
HbA1c (goal)	< 7%

Hematology (CBC)

WBC	5,000–10,000 /mm ³
RBC	4.2–6.1 million/mm ³
Hemoglobin (Hgb)	12–18 g/dL
Hematocrit (Hct)	37–52 %
Platelets	150k–400k /mm ³
INR (normal)	0.8–1.1
INR (warfarin goal)	2.0–3.0
aPTT (normal)	30–40 sec
PT	11–12.5 sec

Arterial Blood Gases (ABG)

pH	7.35–7.45
PaCO ₂	35–45 mmHg
HCO ₃ ⁻	22–26 mEq/L
PaO ₂	80–100 mmHg
O ₂ Saturation	95–100 %

ROME: Respiratory Opposite, Metabolic Equal

↓pH = acidosis · ↑pH = alkalosis

Vital Signs (Adult)

Heart rate	60–100 bpm
Respirations	12–20 /min
Blood pressure	< 120/80 mmHg
Temperature	36.5–37.5 °C
SpO ₂	95–100 %

Therapeutic Drug Levels

Digoxin	0.5–2.0 ng/mL
Lithium	0.6–1.2 mEq/L
Dilantin (phenytoin)	10–20 mcg/mL
Theophylline	10–20 mcg/mL
Acetaminophen (max/day)	≤ 4 g

Priority Frameworks

- ABC** Airway → Breathing → Circulation
- Maslow** Physiologic before psychosocial
- Safety** Acute/unstable before chronic/stable
- ADPIE** Assess → Dx → Plan → Implement → Evaluate
- Assess 1st** When unsure, assess before act

High-Yield Reminders

- **Hypokalemia** ↔ **Digoxin toxicity**: low K⁺ increases dig toxicity risk — watch for nausea, visual halos, bradycardia.
- **Hyperkalemia**: peaked T-waves → treat with calcium gluconate, insulin + D50, kayexalate.
- **Magnesium & Calcium**: keep gluconate at bedside for Mg toxicity (↓reflexes, ↓RR); trough < 12/min → hold & notify.
- **Warfarin antidote = Vitamin K** · **Heparin antidote = Protamine sulfate**.
- **Infection control**: Airborne (TB, measles, varicella) = N95 + negative-pressure room. Droplet (flu, pertussis, meningitis) = surgical mask. Contact (MRSA, C. diff) = gown + gloves; C. diff needs soap & water, not alcohol gel.
- **Delegation**: the RN keeps assessment, teaching, evaluation, and unstable patients; delegate stable/routine tasks to LPN/UAP.
- **SATA strategy**: treat each option as true/false on its own; never assume how many are correct.