Achievable

NCLEX-RN DUMP SHEET

Fluids and electrolytes

Critical values

- **Potassium ≥6.5 mEq/L** — cardiac monitor and notify the provider
- **Sodium ≥160 mEq/L** — seizure risk; precautions and notify
- **INR >4** — bleeding risk; notify and anticipate intervention
- **Platelets <50,000/mm³** — spontaneous bleeding risk; bleeding precautions, anticipate holding anticoagulants and invasive procedures
- **WBC >20,000/mm³** — assess for severe infection, sepsis, leukemia, or inflammation

Fluid volume

- **Deficit** — dry mucous membranes, poor turgor, tachycardia, hypotension (late), urine <30 mL/hr and concentrated. **Tachycardia and falling urine output come before hypotension**
- **Excess** — peripheral edema, crackles, weight gain, JVD, bounding pulses, hypertension, falling SpO_2
- **Older adults overload easily** — reduced cardiac and renal reserve
- **ADH** retains water (excess = SIADH) • **aldosterone** retains Na and water, excretes K • **ANP** excretes Na and water, opposing aldosterone
- **Assess fluid status before you interpret an electrolyte** — especially sodium

Electrolyte imbalances

Imbalance	Key signs
Hyponatremia (<135)	Headache, confusion, nausea, lethargy, seizures — water shifts *into* brain cells
Hypernatremia	Thirst, dry skin, restlessness, confusion — reflects **water loss**, so replace water
Hypokalemia (<3.5)	Muscle weakness, ileus, dysrhythmias. ECG: **flat T waves, U waves**, ST depression
Hyperkalemia	Weakness, paresthesias, dysrhythmias, arrest. ECG: **peaked T waves**, widened QRS, prolonged PR, sine wave
Hypocalcemia (<8.5)	Tetany, cramps, **positive Chvostek or Trousseau**
Hypercalcemia	"Stones, bones, groans, and psychiatric overtones"
Hypomagnesemia	Tremors, hyperreflexia, dysrhythmias
Hypermagnesemia	↓BP, bradycardia, **loss of deep tendon reflexes** (early toxicity), respiratory depression

- **Potassium shifts opposite to pH** — acidosis raises serum K, alkalosis lowers it. **DKA has a total-body potassium deficit despite a normal or high serum level**
- **Drug causes** — loop diuretics → hypokalemia • thiazides → hyponatremia • ACE inhibitors → hyperkalemia • corticosteroids → sodium retention • lithium is destabilized by sodium loss
- **Correct slowly.** Rapid correction of chronic hyponatremia causes **osmotic demyelination**; rapid correction of hypernatremia causes **cerebral edema**
- Potassium abnormalities threaten the heart first — **cardiac monitoring is the priority** with moderate-to-severe values or ECG change