## ⚖️ Electrolytes: Normals & How to Correct

Electrolytes reflect fluid status, renal function, and can indicate metabolic imbalance. Here are the **typical ranges** and **what to do** if they're abnormal:

| Electrolyte | Normal Range (NICU) | Abnormal Implication | Common Interventions |
|---|---|---|---|
| **Sodium ($Na^+$)** | 135–145 mmol/L | ↓: Hyponatremia → fluid overload, SIADH<br>↑: Hypernatremia → dehydration | Adjust IV fluids (add/remove NaCl), monitor output |
| **Potassium ($K^+$)** | 3.5–6.0 mmol/L | ↓: Risk of arrhythmia<br>↑: Renal issues, hemolysis | Supplement cautiously or reduce K in fluids |
| **Calcium ($Ca^{2+}$)** | 7.0–10.5 mg/dL | ↓: Jitteriness, seizures | Administer calcium gluconate |
| **Chloride ($Cl^-$)** | 97–110 mmol/L | Often reflects acid-base balance | Review acid/base & adjust fluids |
| **Bicarb ($HCO_3^-$)** | 18–22 mmol/L | Low = metabolic acidosis | May need bicarb replacement or treat underlying cause |

A **complete blood count (CBC)** gives us a snapshot of infection risk, anemia, and clotting ability.

| Component | Normal Range (Term) | Clinical Clues | Common Fixes |
|---|---|---|---|
| **WBC** | 9–30 K/μL | ↑ = Infection/stress<br>↓ = Sepsis risk | Consider septic Work up |
| **Hgb/Hct** | 14–20 g/dL / 45–65% | ↓ = Anemia<br>↑ = Polycythemia or delayed clamping | Low? Consider transfusion |
| **Platelets** | 150–400 K/μL | ↓ = Thrombocytopenia → bleeding risk | Consider transfusion under 30K (50K if symptomatic) |


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