# Clinical Nursing Pocket Badge Cards & Shift Reference

Printable Double-Sided Clinical Reference · Standard Badge Reel & Pocket Dimensions · Sprout Path

*Instructions: Print at 100% scale on heavy cardstock. Cut along borders. Punch top slot for badge reel clip.*

## CARD 1: ADULT VITALS & GCS

Baseline Physiological Ranges & Neuro Benchmarks

- **Heart Rate (Pulse):** 60–100 bpm (Sinus Tachy > 100, Sinus Brady < 60)
- **Blood Pressure:** < 120/80 mmHg (Elevated: 120–129 / < 80 | Stage 1: 130–139 / 80–89 | Stage 2: >= 140 / >= 90 | Hypertensive Crisis: > 180 / > 120)
- **Respiratory Rate:** 12–20 breaths/min (Bradypnea < 10, Tachypnea > 24)
- **Core Temperature:** 36.5°C – 37.5°C (97.7°F – 99.5°F | Pyrexia >= 38.0°C)
- **Pulse Oximetry (SpO2):** 95–100% (COPD / Hypercapnic target: 88–92%)
- **Mean Arterial Pressure (MAP):** $\frac{2\times \text{DBP} + \text{SBP}}{3}$ (Target: >= 65 mmHg)
- **Glasgow Coma Scale (GCS):** Total: 3–15 (Coma / Intubate <= 8)
  - **Eye (1–4):** Spontaneous (4), Voice (3), Pain (2), None (1)
  - **Verbal (1–5):** Oriented (5), Confused (4), Inappropriate (3), Sounds (2), None (1)
  - **Motor (1–6):** Obeys (6), Localizes (5), Withdraws (4), Flexion (3), Extension (2), None (1)

## CARD 2: CRITICAL LAB PANIC VALUES

Immediate Provider Notification Thresholds

**RED STRIP: Confirm specimen integrity & notify provider stat!**

- **Potassium (K+):** 3.5–5.0 mEq/L (CRITICAL: < 2.8 or > 6.0 | Fatal Dysrhythmia)
- **Sodium (Na+):** 135–145 mEq/L (CRITICAL: < 120 [Seizure] or > 160)
- **Serum Glucose:** 70–99 mg/dL fasting (PANIC: < 50 mg/dL or > 400 mg/dL)
- **White Blood Cells (WBC):** 4,500–11,000 /mcL (Neutropenic Precautions < 1,000)
- **Platelets:** 150,000–450,000 /mcL (Spontaneous hemorrhage risk < 20,000)
- **Hemoglobin (Hgb):** Male: 14–18 | Female: 12–16 g/dL (Transfuse <= 7.0)
- **Serum Creatinine:** 0.6–1.2 mg/dL | **BUN:** 7–20 mg/dL (Acute Kidney Injury)
- **Coagulation (INR):** Normal: 0.8–1.2 | Therapeutic Warfarin: 2.0–3.0
- **Cardiac Troponin I:** < 0.04 ng/mL (Serial troponins q3h for Acute Coronary)

## CARD 3: SBAR PHYSICIAN CALL

Standardized Acute Escalation Protocol

- **S - Situation:** "Dr. [Name], this is [Name] RN on Unit [Bed]. I am calling about [Patient] because [describe acute condition change / critical lab]."
- **B - Background:** "Patient was admitted on [Date] with [Diagnosis]. Pertinent history includes [Cardiac/Pulmonary/Renal Hx]. Current IVF/Meds: [Infusions]."
- **A - Assessment:** "Current vitals: BP [X], HR [X], RR [X], SpO2 [X on X Liters], Temp [X]. Mental status: [Alert/Lethargic/Confused]. Lung sounds: [Crackles/Diminished]. I am concerned about [Sepsis / Hemorrhage / Fluid Overload / PE]."
- **R - Recommendation:** "I recommend that you [evaluate at bedside / transfer to ICU / order STAT CXR, ABG, EKG, or lab]. What specific orders would you like?"

## CARD 4: HIGH-ALERT MED PRE-FLIGHT

Mandatory Independent Double-Check Verification

- **Insulin (SubQ & Regular IV Infusion):** Verify recent bedside fingerstick glucose. Confirm concentration & dose with 2nd RN.
- **Anticoagulants (Heparin / Lovenox / Warfarin):** Check baseline aPTT / Anti-Xa and platelets. Hold and notify provider if platelets fall > 50% from baseline (Heparin-Induced Thrombocytopenia).
- **Digoxin (Lanoxin):** Auscultate apical pulse for full 60 seconds (Hold if HR < 60 bpm). Verify serum K+ (hypokalemia potentiates digoxin toxicity) and Digoxin level (0.8–2.0 ng/mL).
- **Opioid Narcotics (Morphine, Hydromorphone, Fentanyl):** Assess baseline respiratory rate and sedation level. Hold if RR < 12. Keep Naloxone (Narcan) immediately accessible.
- **Vancomycin IV:** Confirm trough level drawn 30 min before 4th dose. Monitor BUN/Creatinine.

## CARD 5: ADPIE CARE PLAN MATRIX

Core Nursing Process & Clinical Reasoning Schema

- **Assessment:** Synthesize subjective complaints + objective assessment cues.
- **Diagnosis (PES Format):**
  - **P (Problem):** NANDA-I approved standardized diagnostic label.
  - **E (Etiology):** "Related to" underlying pathophysiological mechanism.
  - **S (Signs/Symptoms):** "As evidenced by" defining clinical cues & lab data.
- **Planning (NOC Outcomes):** Write SMART patient-centered goals (Specific, Measurable, Attainable, Realistic, Time-Bound). E.g., "Patient will maintain SpO2 >= 92% on room air by discharge."
- **Implementation (NIC Interventions):** Document independent nursing actions, collaborative interventions, and patient education with physiological rationales.
- **Evaluation:** Re-assess patient cues against target outcome: Met, Partially Met, or Unmet (with revised plan of care).

## CARD 6: LETHAL DYSRHYTHMIAS & ACLS

Immediate Emergency Response & Resuscitation

- **Ventricular Fibrillation (VF) / Pulseless VT:**
  1. Call Code Blue & begin high-quality CPR (100–120 cpm, 2–2.4 in depth).
  2. Defibrillate immediately (Biphasic: 120–200J; Monophasic: 360J).
  3. Epinephrine 1 mg IV/IO q3–5min. Amiodarone 300 mg bolus (2nd dose: 150 mg).
- **Asystole / PEA (Pulseless Electrical Activity):**
  1. High-quality CPR + Epinephrine 1 mg IV/IO q3–5min (**DO NOT SHOCK**).
  2. Identify and treat reversible **H's & T's**:
     - **Hypovolemia, Hypoxia, Hydrogen ion (Acidosis), Hypo/Hyperkalemia, Hypothermia.**
     - **Tension Pneumothorax, Cardiac Tamponade, Toxins/Overdose, Thrombosis (Pulmonary PE / Coronary MI).**

# Clinical Pharmacology Study Cards (Print & Cut)

Standard 3.5″ x 4.8″ Clinical Study Card Matrix · Fill-In Pharmacology Reference Guide

*Instructions: Print on cardstock. Fill in key drug facts during clinical rotations for high-yield shift recall.*

**Generic Name:** _____ **Drug Class:** _____

**Brand Name(s):** _____ **Pregnancy Cat / Risk:** _____

**THERAPEUTIC MECHANISM & INDICATIONS**

**Mechanism of Action:**

**Primary Indications:**

**CONTRAINDICATIONS & SAFETY WARNINGS**

**Contraindications:**

**Black Box Warning:**

**Common / Severe Adverse Effects:**

**NURSING CONSIDERATIONS & PATIENT TEACHING**

**Pre-Administration Labs & Vitals to Check:**

**High-Alert Administration / Titration Pearls:**

**Key Patient Education Points:**

**Generic Name:** _____ **Drug Class:** _____

**Brand Name(s):** _____ **Pregnancy Cat / Risk:** _____

**THERAPEUTIC MECHANISM & INDICATIONS**

**Mechanism of Action:**

**Primary Indications:**

**CONTRAINDICATIONS & SAFETY WARNINGS**

**Contraindications:**

**Black Box Warning:**

**Common / Severe Adverse Effects:**

**NURSING CONSIDERATIONS & PATIENT TEACHING**

**Pre-Administration Labs & Vitals to Check:**

**High-Alert Administration / Titration Pearls:**

**Key Patient Education Points:**

**Generic Name:** _____ **Drug Class:** _____

**Brand Name(s):** _____ **Pregnancy Cat / Risk:** _____

**THERAPEUTIC MECHANISM & INDICATIONS**

**Mechanism of Action:**

**Primary Indications:**

**CONTRAINDICATIONS & SAFETY WARNINGS**

**Contraindications:**

**Black Box Warning:**

**Common / Severe Adverse Effects:**

**NURSING CONSIDERATIONS & PATIENT TEACHING**

**Pre-Administration Labs & Vitals to Check:**

**High-Alert Administration / Titration Pearls:**

**Key Patient Education Points:**

**Generic Name:** _____ **Drug Class:** _____

**Brand Name(s):** _____ **Pregnancy Cat / Risk:** _____

**THERAPEUTIC MECHANISM & INDICATIONS**

**Mechanism of Action:**

**Primary Indications:**

**CONTRAINDICATIONS & SAFETY WARNINGS**

**Contraindications:**

**Black Box Warning:**

**Common / Severe Adverse Effects:**

**NURSING CONSIDERATIONS & PATIENT TEACHING**

**Pre-Administration Labs & Vitals to Check:**

**High-Alert Administration / Titration Pearls:**

**Key Patient Education Points:**