



LB2211



POINT OF CARE TEST
ORDER AND RESULT FORM

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

Instructions to Provider: indicate test(s) to be performed by checking the box to the left of each test (only required if used as an order form).

Reference Ranges

ABL 90 Printout

Analyte	Age	Arterial	Venous	Capillary
pH	0-2 months	7.30-7.50	7.35-7.45	7.30-7.50
pH	>2 months	7.37-7.44	7.35-7.45	7.30-7.50
pCO ₂ (mmHg)	0-2 months	30-65	35-50	30-69
pCO ₂ (mmHg)	>2 months	32-43	35-50	30-69
pO ₂ (mmHg)	0-2 months	50-75	30-55	40-50
pO ₂ (mmHg)	2mo-40 yrs	83-108	30-55	40-50
pO ₂ (mmHg)	>40 years	72-104	30-55	N/A
HCO ₃ (mMol/L)	No age limit	21-28	22-28	N/A
Total CO ₂ (mMol/L)	0-150 yrs	22-29	23-29	N/A
O2 Sat (%)	0-1 Month	40-90	N/A	N/A
	1 Mo- 150 yr	92-98	N/A	N/A
FO2Hb (%)	0-18 yrs	N/A	N/A	N/A
FO2Hb(%)	18 – 150yr	94.0-100	N/A	N/A
MetHb (%)	0-18 yrs	N/A	N/A	N/A
MetHb (%)	18 – 150yr	0.0-1.9	N/A	N/A
Na ⁺ (mMol/L)	No age limit	134-143	134-143	134-143
K ⁺ (mMol/L)	No age limit	3.4-5.0	3.4-5.0	3.4-5.0
Cl ⁻ (mMol/L)	No age limit	97-108	97-108	97-108
iCa ⁺⁺ , meas. (mMol/L)	No age limit	1.14-1.32	1.14-1.32	1.14-1.32
Glucose (mg/dL)	0-1 day	41-60	41-60	41-60
	1 day - 150 yrs	70-99	70-99	70-99
Hemoglobin (g/dL)		Male	Female	
	0-30 days	10.0-18.0	10.0-18.0	
	1-6 months	9.5-14.0	9.5-14.0	
	6 mos-2 yr	10.5-13.5	10.5-13.5	
	2-6 yrs	11.5-13.5	11.5-13.5	
	6-12 yrs	11.5-15.5	11.5-15.5	
	12-18 yrs	13.0-16.0	12.0-16.0	
	18-150 yrs	13.5-17.5	12.0-16.0	
Lactate	No age or gender limit	0.5-1.6	0.5-2.0	

Critical Values

Test (Arterial)	Low	High
PH	≤7.10	N/A
pCO ₂ (mmHg)	NA	≥70
pO ₂ (mmHg)	NA	NA
Na ⁺ (mmol/L)	≤120	≥160
K ⁺ (mmol/L)	<2.5	>6.0
Glucose (mg/dL)	≤40	≥300
< 1month		
Glucose (mg/dL) ≥ 1 month	≤54	≥500
Hemoglobin (mg/dL)	≤6.0	≥20.0
Lactate (mmol/L)	N/A	≥4.0

Critical Value _____

Who was notified: _____

Date/ Time: _____

Read Back: _____