

5 Lab Values Every New NP Gets Wrong

The clinical context your textbook didn't emphasize enough

1 TSH in Pregnancy

Common mistake: Using standard TSH range (0.4-4.0) for pregnant patients

What to do: Use trimester-specific goals — **1st tri: 0.1-2.5** | 2nd tri: 0.2-3.0 | 3rd tri: 0.3-3.5. A TSH of 2.8 is "normal" in most adults but needs treatment in the first trimester. Undertreated maternal hypothyroidism affects fetal neurodevelopment.

2 A1C vs Fasting Glucose — They Don't Always Agree

Common mistake: Treating A1C as the single gold standard in all patients

What to do: A1C is **unreliable** with hemoglobinopathies (sickle cell, thalassemia), recent blood loss/transfusion, iron deficiency anemia, and chronic kidney disease. In these patients, use **fructosamine** or **glycated albumin** instead. Also: A1C of 6.4% doesn't mean "almost diabetic" — it means diabetic in some labs (rounding).

3 BNP Cutoffs Change With Age, BMI, and Sex

Common mistake: Using BNP > 100 as a universal heart failure cutoff

What to do: BNP is **falsely low** in obesity (adipose tissue clears it) and **falsely high** in renal failure, older age, and women. For NT-proBNP, age-stratified cutoffs matter: <50 yrs: 450 | 50-75 yrs: 900 | >75 yrs: 1800 pg/mL. An 80-year-old with NT-proBNP of 1200 may not have acute HF.

4 Troponin Timing — One Draw Isn't Enough

Common mistake: Ruling out MI with a single negative troponin at presentation

What to do: High-sensitivity troponin (hs-cTn) can take **3-6 hours** to rise after ischemia onset. The trend matters more than the number. Serial draws at **0 and 3 hours** (or 0 and 1 hour with hs-cTn algorithms) are required. Also: troponin elevates in **renal failure, PE, sepsis, myocarditis, and tachyarrhythmias** — not just MI.

5 CRP vs ESR — They're Not Interchangeable

Common mistake: Ordering both and treating them as the same inflammatory marker

What to do: **CRP** rises in 6-8 hours, peaks at 48h, and normalizes quickly — best for **acute** infection/inflammation monitoring. **ESR** rises slowly over days-weeks and stays elevated — better for **chronic** conditions (temporal arteritis, SLE flares, osteomyelitis). Pro tip: ESR is **falsely elevated** in anemia and pregnancy. Order the right one for the clinical question.

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