

Acid-Base, Fluids, Lytes Pocketcard Set

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	Normal range		Simple acid-base disorders			
	Arterial	Venous	Met acid	Resp acid	Met alk	Resp alk
pH	7.36-7.44	7.33-7.43	↓	↓	↑	↑
pCO ₂	36-44 mmHg	36-48 mmHg	↓	↑	↑	↓
HCO ₃ ⁻	21-27 mEq/L	23-29 mEq/L	↓	↓	↑	↑
pO ₂	75-100 mmHg	33-47 mmHg				
O ₂ sat	>90%	60%-80%				
BE	-2 to 3		E ↓ ↓ = Primary change T ↓ ↓ = Predicted compensatory change			

Examples

- Starthex
- COPD
- vomiting
- hypervent.
- CK
- Resp. Alkalem.
- Diuretics
- PE

Algorithm for Determining Acid-Base Status

DK DOOMUS (Anion-gap metabolic acidosis)

- D** - Diarrhea (loss of HCO₃⁻) (spont. low urine Na)
- O** - Renal tubular acidosis (RTA)
- D** - Drugs: acetazolamide or topiramate (urinary HCO₃⁻ wasting); ifosfamide or ifosfamide (RTA)
- O** - (Distractive) uremia
- D** - Other: Recovery from hyperventilation (low HCO₃⁻ after pCO₂ rises, respiratory alkalosis (rapid dilution of serum HCO₃⁻ by IV saline)
- F** - Folate: Renal conduit for bladder replacement or uretero-vaginal fistula
- O** - Osmosis in early stages
- S** - "Stiffing glue" (Bicarbonate poisoning)

DK MAPLES (Anion-gap metabolic acidosis)

- D** - Diabetic ketoacidosis
- R** - Renal failure
- M** - Methanol
- A** - Arginine
- P** - Paracetamol, propylene glycol, pyrogallol, acid for 5-oxoprolin, acetaminophen toxicity (the common culprit)
- L** - Lactic acid
- E** - Ethylene glycol, ethanol, lactulose
- S** - Salicylate intoxication

Normal serum pH = 7.36-7.44, PaCO₂ = 36-44 mmHg, HCO₃⁻ = 23-29 mEq/L (venous), 21-27 mEq/L (arterial), Anion gap (AG) = [Na⁺] - [Cl⁻] + HCO₃⁻ = 8-12 mEq/L.
 *Chronic respiratory alkalosis/acidosis are compensatively asymptomatic as the chronic is gradual and compensatory occurs to correct the acid-base disorder closer to a normal blood and O₂ pH.
 **Acute respiratory alkalosis is usually symptomatic due to less well compensated pH in blood and CNS.
 Symptoms may include headache, blurred vision, tingling/numbness, anxiety, and with increasing severity, tremor, paresthesia, delirium, syncope, and coma with ↑ intracranial pressure and papilloedema on exam.
 **Acute respiratory acidosis is usually symptomatic due to less well compensated pH in blood and CNS.
 Symptoms may include dyspnea, confusion, paraesthesia, circumoral numbness, a sense of choking or breath, and with increasing severity, somnolence and coma with Cheyne-Stokes or central apnea on exam. Lab may show hyperaemia, hyperphosphataemia, and most often hyperaemia. RTA = renal tubular acidosis.
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Reviews

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(Kevin Quigley)

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Borm Bruckmeier Publishing, United States, 2015. Cards. Book Condition: New. 2nd. 175 x 89 mm. Language: English . Brand New Book. This quick reference guide contains essential and systematially arranged information to determine the acid-base status of a patient in a stepwise manner. It also contains a section on normal fluid and electrolyte distribution and its management in case of depletion. Highlights: - Acid-base normal values and abnormalities chart - Determination of acid-base status in a step by step approach - Formula for anion gap, estimation of fluid requirement in burn (Parkland formula), algorithm explaining diagnostic workup in metabolic alkalosis, hypernatremia, and hyponatremia - Diagnostic algorithms of acidosis, alkalosis, electrolyte abnormalities - Assessment and common causes of acid-base disorders - Diagrammatic representation of body water and electrolyte distribution, and information on electrolyte repletion - Information on fluid and electrolyte management the 4-2-1 rule, electrolyte formulations, and typical fluid intake and output values For physicians, physician assistants, nurses, students, and all other healthcare professionals.



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