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Acid-Base, Fluids, Lytes Pocketcard Set

Acid-Base, Fluids, Lytes pocketcard Set					
Acid-Base Disorders Basics					
	Normal range	Simple acid-base disorders			
	Arterial	Venous	Met acid	Resp acid	Met alk
pH	7.38-7.44	7.33-7.43	7	7	7
pCO ₂	38-44 mmHg	36-42 mmHg	4	5	4
HCO ₃ ⁻	22-27 mEq/L	23-28 mEq/L	1	2	3
pO ₂	75-100 mmHg	33-42 mmHg	1	2	3
O ₂ sat	>95%	80%-85%	1	2	3
BE	-2 to 3		1	2	3
Examples					
T/F = Primary change T/F = Predicted compensatory change					
• Diarrhea • COPD • Vomiting • Hyperventil • CF • Resp depress • Diuretics • PE					
Algorithm for Determining Acid-Base Status					
Obtain blood pH, HCO ₃ ⁻ , PaCO ₂ , Na ⁺ , and Cl ⁻					
pH < 7.38 (Acidemia) pH 7.38-7.44 pH > 7.44 (Alkalemia)					
Serum HCO ₃ ⁻ < 22 mEq/L Arterial PaCO ₂ > 40 mmHg Normal OR mixed acid-base disorders Arterial PaCO ₂ < 36 mmHg Serum HCO ₃ ⁻ > 27 mEq/L					
Metabolic Acidosis Respiratory Acidosis Respiratory Alkalosis Metabolic Alkalosis					
Compensation: PaCO ₂ ↓ 1.2 mmHg for every 10 mEq/L fall in HCO ₃ ⁻ Acute ^{***} Chronic ^{***} Acute ^{***} Chronic ^{***}					
Calculate Anion Gap (AG) HCO ₃ ⁻ ↓ 7 by 1 mEq/L for each 10 mmHg ↑ PaCO ₂ HCO ₃ ⁻ ↓ 4 by 1 mEq/L for each 10 mmHg ↑ PaCO ₂ HCO ₃ ⁻ ↓ 5 by 1 mEq/L for each 10 mmHg ↑ PaCO ₂ HCO ₃ ⁻ ↓ 5 by 1 mEq/L for each 10 mmHg ↑ PaCO ₂					
Causes of non-anion gap metabolic acidosis Causes of anion gap metabolic acidosis Compensation: PaCO ₂ ↓ 7 mmHg for every 10 mEq/L rise in HCO ₃ ⁻					
DR. BOOFUS (Non-anion gap metabolic)					
D - Diarrhea (loss of HCO ₃ ⁻) R - Renal tubular acidosis (RTA) M - Methanol A - Arginine P - Paraldehyde, propylene glycol, propylamine, and/or l-carnitine, acetoacetic acid, and/or l-carnitine					
B - Bicarbonate therapy O - Osmotic diuresis F - Folate (renal transplant or uremia) U - Uremia S - Starvation ketonuria					
DR. MAPLES (Anion gap metabolic)					
D - Diabetic ketoacidosis R - Renal failure M - Methanol A - Arginine P - Paraldehyde, propylene glycol, propylamine, and/or l-carnitine, acetoacetic acid, and/or l-carnitine					
L - Lactic acid E - Ethylene glycol S - Starvation ketonuria					
Footnote: Normal values: pH = 7.38-7.44, PaCO ₂ = 38-44 mmHg, HCO ₃ ⁻ = 22-28 mEq/L (venous), 22-27 mEq/L (arterial), Anion gap (AG) = Na ⁺ - (Cl ⁻ + HCO ₃ ⁻) = 8-12 mEq/L. *Chronic respiratory acidosis/alkalosis are compensatory adjustments to the primary disorder and compensation occurs to correct the acid-base disorder (close to a normal blood pH and PaCO ₂). **Acute respiratory acidosis is usually symptomatic due to low PaCO ₂ (normal pH is 7.38-7.44 and PaCO ₂ is 38-44 mmHg). Symptoms may include headache, blurred vision, restlessness, anxiety, and with increasing severity, tremor, asterixis, asterixis, spasm, and coma with ↑ intracranial pressure and papilloedema on exam. ***Acute respiratory alkalosis is usually symptomatic due to low PaCO ₂ (normal pH is 7.38-7.44 and PaCO ₂ is 38-44 mmHg). Symptoms may include dizziness, confusion, paraesthesiae, circumoral numbness, a sense of shortness of breath, and with increasing severity, tetany and seizures with Chvostek sign or carpal/pedal spasm on exam. Lab may show hypocalcemia, hypomagnesaemia, and mild acute hyponatremia. RTA = renal tubular acidosis.					
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Synopsis

This quick reference guide contains essential and systematically 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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