

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		↓ ↑ = Primary change ↑ ↓ = Predicted compensatory change			

Examples

- Diarrhea
- CKD
- COPD
- Resp. Alkalemia
- Vomiting
- Diuresis
- Hypervent.
- PE

Algorithm for Determining Acid-Base Status

SIK DOOMUS (Anion gap increases)

- S** - Diarrhea (loss of HCO₃⁻) (spont. low urine Na)
- I** - Renal tubular acidosis (RTA)
- K** - Drugs: acetazolamide or topiramate (urinary HCO₃⁻ wasting); ifosfamide or ifosfamide (RTA)
- D** - (Distractive) uremia
- O** - Other: Recovery from hyperventilation (low HCO₃⁻ after pCO₂ rises, expansion alkalosis (rapid dilution of serum HCO₃⁻ by IV saline)
- M** - Folate: renal conduit for bicarbonate excretion or uretero-colonic fistula
- U** - Urea in early stages
- S** - Seeding glue (diarrhea poisoning)

DR MAPLES (Anion gap increases)

- D** - Diabetic ketoacidosis
- R** - Renal failure
- M** - Methanol
- A** - Acetone
- P** - Paracetamol, propylene glycol, pyrogallol, acid (or 5-oxoprovone, acetaminophen toxicity (the common culprit))
- L** - Lactic acid
- E** - Ethylene glycol, ethanol, ketonuria
- S** - Starvation ketoacidosis

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 acidosis/alkalosis are comparatively 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, tinnitus, anxiety, and with increasing severity, tremor, paresthesia, tetanic contractions, and coma with ↑ intracranial pressure and papilloedema or death.
 **Acute respiratory acidosis is usually symptomatic due to less well compensated pH in blood and CNS.
 Symptoms may include dizziness, confusion, paraesthesia, circumoral numbness, a sense of shortness of breath, and with increasing severity, somnolence and convulsions with Cheyne-Stokes or central apnea or death. Lab may show hyperaemia, hyperphosphataemia, and most often hyperaemia. RTA = renal tubular acidosis.
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Reviews

This book is great. I have go through and so i am confident that i will going to read through once again again in the future. I am just easily can get a satisfaction of looking at a written book.
 (Miss Vernie Schimmel)

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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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