

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
- hypernat
- CKD
- Resp. Alkosis
- Starthex
- PE

Algorithm for Determining Acid-Base Status

DK DOOMUS (Anion gap increases)

- D** - Diarrhea (↓ loss of HCO₃⁻) (egnet low urine Na)
- O** - Renal tubular acidosis (RTA)
- D** - Drugs: acetazolamide or topiramate (urinary HCO₃⁻ wasting); ifosfamide or ifosfamide (RTA)
- O** - (Distractive) ureapathy
- O** - Other: Recovery from hyperventilation (low HCO₃⁻ after pCO₂ rises, respiratory alkalosis (rapid dilution of serum HCO₃⁻ by IV saline)
- F** - Folate: Renal conduit for bicarbonate excretion or uricemic-induced tubulopathy
- O** - Osmosis in early stages
- S** - Seeding glue (Bicarbonate poisoning)

DK MAPLES (Anion gap increases)

- D** - Diabetic ketoacidosis
- R** - Renal failure
- M** - Methanol
- A** - Acetaminophen
- P** - Paracetamol, propylene glycol, pyrogallol, acid for 5-oxoprolinase, acetaminophen toxicity (the common culprit)
- L** - Lactic acid
- E** - Ethylene glycol, ethanol, ketonuria
- 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 ↑ 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, paresthesias, anxiety, and with increasing severity, tremor, ataxia, 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, paresthesias, 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 hypernatremia, hyperphosphatemia, and most often hyperkalemia. RTA = renal tubular acidosis.
 Author: K.S. Brown, MD, J.A. Koyanagi, MD, K.S. Sankaranarayanan, MD, PhD
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Reviews

Very useful for all group of people. It is amongst the most incredible pdf i actually have read through. Its been written in an extremely straightforward way and it is just right after i finished reading through this pdf by which basically modified me, change the way i think.
 (Felicia Nikolaus)

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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 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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