

The book was found

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	Resp alk
pH	7.38-7.44	7.33-7.43	7.35	7.35	7.45	7.45
pCO ₂	36-44 mmHg	36-46 mmHg	40	50	30	30
HCO ₃ ⁻	21-27 mEq/L	23-29 mEq/L	12	26	32	32
pO ₂	75-100 mmHg	37-47 mmHg				
O ₂ sat	>95%	90%-95%				
BE	-2 to 3					
Examples	• Diarrhea • COPD • Vomiting • Diaperment • CKD • Resp distress • Diuretics • PE					

Algorithm for Determining Acid-Base Status

Measure blood pH, HCO₃⁻, PaCO₂, Na⁺, and Cl⁻

```

    graph TD
        Root["Measure blood pH, HCO3-, PaCO2, Na+, and Cl-"]
        Root --> pH1["pH < 7.38 (Acidemia)"]
        Root --> pH2["pH 7.36-7.44"]
        Root --> pH3["pH > 7.44 (Alkalemia)"]

        pH1 --> H1["Arterial HCO3- < 22 mEq/L"]
        H1 --> M1["Metabolic Acidosis"]
        M1 --> C1["Compensation: PaCO2 ↓ 1.2 mmHg for every 10 mEq/L fall in HCO3-"]
        C1 --> A1["Calculate Anion Gap (AG)"]
        A1 --> C1a["Causes of non-anion gap metabolic acidosis"]
        A1 --> C1b["Causes of anion gap metabolic acidosis"]

        pH1 --> H2["Arterial PaCO2 > 40 mmHg"]
        H2 --> R1["Respiratory Acidosis"]
        R1 --> C2["Compensation: HCO3- ↑ by 1 mEq/L for each 10 mmHg ↑ PaCO2"]
        C2 --> C1b

        pH1 --> H3["Normal OR mixed acid-base disorders"]
        H3 --> R2["Respiratory Alkalosis"]
        R2 --> C3["Compensation: HCO3- ↓ by 2 mEq/L for each 10 mmHg ↓ PaCO2"]
        C3 --> C1a

        pH3 --> H4["Arterial HCO3- > 28 mEq/L"]
        H4 --> M2["Metabolic Alkalosis"]
        M2 --> C4["Compensation: PaCO2 ↑ 0.7 mmHg for every 10 mEq/L rise in HCO3-"]
        C4 --> C1a

        pH3 --> H5["Arterial PaCO2 > 40 mmHg"]
        H5 --> R3["Respiratory Acidosis"]
        R3 --> C5["Compensation: HCO3- ↑ by 1 mEq/L for each 10 mmHg ↑ PaCO2"]
        C5 --> C1b

        pH3 --> H6["Arterial PaCO2 < 38 mmHg"]
        H6 --> R4["Respiratory Alkalosis"]
        R4 --> C6["Compensation: HCO3- ↓ by 2 mEq/L for each 10 mmHg ↓ PaCO2"]
        C6 --> C1a
    
```

Causes of non-anion gap metabolic acidosis:

- D** - Diarrhea (GI loss of HCO₃⁻) (important: low anion gap)
- R** - Renal tubular acidosis (RTA)
- B** - Drugs: acetazolamide or topiramate (anion gap HCO₃⁻ wasting); furosemide or acetazolamide (RTA)
- D** - Dehydration (anion gap)
- O** - Other: Recovery from hypernatremia (low HCO₃⁻ after pCO₂ rises; exogenous acetate-based fluid of serum HCO₃⁻ by IV infus)
- F** - Folate: Red crossinf for folate replacement or uricemic-related folate
- U** - Uremia in early stages
- S** - Sweating (loss of bicarbonate)

Causes of anion gap metabolic acidosis:

- D** - Diarrhea (GI loss of HCO₃⁻) (important: low anion gap)
- R** - Renal tubular acidosis (RTA)
- B** - Drugs: acetazolamide or topiramate (anion gap HCO₃⁻ wasting); furosemide or acetazolamide (RTA)
- D** - Dehydration (anion gap)
- O** - Other: Recovery from hypernatremia (low HCO₃⁻ after pCO₂ rises; exogenous acetate-based fluid of serum HCO₃⁻ by IV infus)
- F** - Folate: Red crossinf for folate replacement or uricemic-related folate
- U** - Uremia in early stages
- S** - Sweating (loss of bicarbonate)

Causes of metabolic alkalosis:

- D** - Diarrhea (GI loss of HCO₃⁻) (important: low anion gap)
- R** - Renal tubular acidosis (RTA)
- B** - Drugs: acetazolamide or topiramate (anion gap HCO₃⁻ wasting); furosemide or acetazolamide (RTA)
- D** - Dehydration (anion gap)
- O** - Other: Recovery from hypernatremia (low HCO₃⁻ after pCO₂ rises; exogenous acetate-based fluid of serum HCO₃⁻ by IV infus)
- F** - Folate: Red crossinf for folate replacement or uricemic-related folate
- U** - Uremia in early stages
- S** - Sweating (loss of bicarbonate)

Causes of respiratory acidosis:

- D** - Diarrhea (GI loss of HCO₃⁻) (important: low anion gap)
- R** - Renal tubular acidosis (RTA)
- B** - Drugs: acetazolamide or topiramate (anion gap HCO₃⁻ wasting); furosemide or acetazolamide (RTA)
- D** - Dehydration (anion gap)
- O** - Other: Recovery from hypernatremia (low HCO₃⁻ after pCO₂ rises; exogenous acetate-based fluid of serum HCO₃⁻ by IV infus)
- F** - Folate: Red crossinf for folate replacement or uricemic-related folate
- U** - Uremia in early stages
- S** - Sweating (loss of bicarbonate)

Causes of respiratory alkalosis:

- D** - Diarrhea (GI loss of HCO₃⁻) (important: low anion gap)
- R** - Renal tubular acidosis (RTA)
- B** - Drugs: acetazolamide or topiramate (anion gap HCO₃⁻ wasting); furosemide or acetazolamide (RTA)
- D** - Dehydration (anion gap)
- O** - Other: Recovery from hypernatremia (low HCO₃⁻ after pCO₂ rises; exogenous acetate-based fluid of serum HCO₃⁻ by IV infus)
- F** - Folate: Red crossinf for folate replacement or uricemic-related folate
- U** - Uremia in early stages
- S** - Sweating (loss of bicarbonate)

Normal values: pH = 7.38-7.44, PaCO₂ = 36-44 mmHg, HCO₃⁻ = 21-27 mEq/L (venous), 21-27 mEq/L (arterial), Anion gap (AG) = Na⁺ - Cl⁻ - HCO₃⁻ = 12 ± 4 mEq/L

"Clinically significant anion/gap ratios are comparatively asymptomatic in the process of gradual and compensated versus to control the acid-base disorder closer to a normal blood and (36) pH.

"Acidic respiratory alkalosis is usually symptomatic due to hypoxemia (compensated pH = 7.35 and 7.36). Symptoms may include headache, tremor, anxiety, and with increasing severity, irritability, and convulsions.

"Acidic respiratory alkalosis is usually symptomatic due to hypoxemia (compensated pH = 7.35 and 7.36). Symptoms may include headache, tremor, anxiety, and with increasing severity, irritability, and convulsions.

"Acidic respiratory alkalosis is usually symptomatic due to hypoxemia (compensated pH = 7.35 and 7.36). Symptoms may include headache, tremor, anxiety, and with increasing severity, irritability, and convulsions.

"Acidic respiratory alkalosis is usually symptomatic due to hypoxemia (compensated pH = 7.35 and 7.36). Symptoms may include headache, tremor, anxiety, and with increasing severity, irritability, and convulsions.



Book Information

Paperback: 6 pages

Publisher: Borm Bruckmeier Publishing LLC; Lam Crds edition (January 31, 2015)

Language: English

ISBN-10: 1591035082

ISBN-13: 978-1591035084

Product Dimensions: 7 x 3.6 inches

Shipping Weight: 1.6 ounces (View shipping rates and policies)

Average Customer Review: 3.3 out of 5 stars 3 customer reviews

Best Sellers Rank: #928,436 in Books (See Top 100 in Books) #73 in [Books > Textbooks >](#)

[Medicine & Health Sciences > Medicine > Clinical > Nephrology](#) #125 in [Books > Medical](#)

[Books > Medicine > Internal Medicine > Nephrology](#) #649 in [Books > Textbooks > Medicine & Health Sciences > Medicine > Education & Training](#)

Customer Reviews

not much useful, i am in nephrology, i thought this will give a quick step by step approach to acid base problems, but its only some random acid base formulas. May be good for med students, for me its almost useless.

Good for quick review

Pocket size - great.

[Download to continue reading...](#)

Acid-Base, Fluids, Lytes Pocketcard Set Acid-Base, Fluids, Lytes Pocketcare Set Clinical Physiology of Acid-Base and Electrolyte Disorders (Clinical Physiology of Acid Base & Electrolyte Disorders) Acid-Base, Fluids, and Electrolytes Made Ridiculously Simple Acid-Base, Fluids, and Electrolytes Made Ridiculously Simple (MedMaster Series) NCLEX: Fluids, Electrolytes & Acid Base Disorders: 105 Nursing Practice Questions & Rationales to Absolutely Crush the NCLEX! (Nursing Review ... NCLEX-RN Trainer, Test Success) (Volume 20) Fluids, Electrolytes and Acid-Base Balance: a Guide for Nurses + Practice Questions, Case Studies, Charts Fluids, Electrolytes & Acid-Base Balance, 2nd Edition (Prentice Hall Nursing Reviews & Rationales) LSD: The Truth About Acid: The Ultimate Beginner's Guide to Lysergic Acid Diethylamide And Its Full Effects (LSD, Acid, Psychotherapy, Lucid Dreaming, Psychedelics) Heartburn: Acid Reflux Cure: Get Heartburn,

Acid Reflux Cured Naturally in 3 Week Step by Step Program (Heartburn, Heartburn No More, Heartburn Cured, ... Reflux Cure, Acid Reflux Help, Digestion) Natural Alternatives to Nexium, Maalox, Tagamet, Prilosec & Other Acid Blockers: What to Use to Relieve Acid Reflux, Heartburn, and Gastric Ailments Passing The Acid Test: Natural cures and Remedies for Acid Reflux Disease Heartburn - Fast Tract Digestion: LPR, Acid Reflux & GERD Diet Cure Without Drugs | Surprising Truth about the Cause of Acid Reflux Explained (Clinically Proven Solution) Reflux: Finally free: Stop heartburn and excessive acid in less than a week with these 3(+1) natural methods along with a tasty diet. (Acid Reflux) The Painless Guide To Mastering Clinical Acid-Base The Fluid, Electrolyte And Acid-base Companion Fluid, Electrolyte and Acid-Base Disorders: Clinical Evaluation and Management Fluid, Electrolyte and Acid-Base Physiology: A Problem-Based Approach, 5e Harrison's Nephrology and Acid-Base Disorders, 2e Aqueous Acid-base Equilibria and Titrations

[Contact Us](#)

[DMCA](#)

[Privacy](#)

[FAQ & Help](#)