

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	7.35-7.44	7.33-7.43	7.35	7.35	7.45	7.45
pCO <sub>2</sub>	35-45 mmHg	36-46 mmHg	40	40	30	30
HCO <sub>3</sub> <sup>-</sup>	21-27 mEq/L	22-28 mEq/L	24	24	28	28
pO <sub>2</sub>	75-100 mmHg	55-67 mmHg	75	75	100	100
O <sub>2</sub> sat	>95%	85%-95%	95%	95%	100%	100%
BE	-2 to +3		-2	-2	+2	+2
Examples			T/E = Primary change T/E = Predicted compensatory change			
			• Diarrhea • CRF	• COPD • Resp depress • Diuretics	• Vomiting • Diuretics	• Hypervent • PE
Algorithm for Determining Acid-Base Status						
Measure blood pH, HCO <sub>3</sub> <sup>-</sup> , PaCO <sub>2</sub> , Na <sup>+</sup> , and Cl <sup>-</sup>						
pH < 7.35 (Acidemia)      pH 7.35-7.44 (Normal)      pH > 7.45 (Alkalemia)						
Arterial HCO <sub>3</sub> <sup>-</sup> < 21 mEq/L      Arterial PaCO <sub>2</sub> > 40 mmHg      Arterial PaCO <sub>2</sub> < 35 mmHg      Arterial HCO <sub>3</sub> <sup>-</sup> > 27 mEq/L						
Metabolic Acidosis      Respiratory Acidosis      Respiratory Alkalosis      Metabolic Alkalosis						
Compensation: PaCO <sub>2</sub> 1.2 mmHg for every 10 mEq/L fall in HCO <sub>3</sub> <sup>-</sup> Acute <sup>***</sup> Chronic <sup>***</sup> Acute <sup>***</sup> Chronic <sup>***</sup>						
Calculate Anion Gap (AG)      Compensation: HCO <sub>3</sub> 7 by 1 mEq/L for each 10 mmHg ↑ PaCO <sub>2</sub> Compensation: HCO <sub>3</sub> 7 by 3.5 mEq/L for each 10 mmHg ↑ PaCO <sub>2</sub> Compensation: HCO <sub>3</sub> 4 by 2 mEq/L for each 10 mmHg ↓ PaCO <sub>2</sub> Compensation: HCO <sub>3</sub> 4 by 5 mEq/L for each 10 mmHg ↓ PaCO <sub>2</sub>						
Causes of non-anion gap metabolic acidosis      Causes of anion gap metabolic acidosis      Compensation: HCO <sub>3</sub> 7 by 2 mEq/L for every 10 mEq/L rise in HCO <sub>3</sub> <sup>-</sup>						
DR, DOORUS (Non-anion gap metabolic)      DR, MAPLES (Anion gap metabolic)						
D - Diarrhea (or loss of HCO <sub>3</sub> <sup>-</sup> )      D - Diabetic ketoacidosis      R - Renal failure      M - Methanol      A - Arginine      P - Paraldehyde, propylene glycol, pyroglutamic acid (or 5-oxoproline, acetoacetylglycine, the common culprit)      L - Lactic acid      E - Ethylene glycol, ethylene ketonolysis      S - Starvation ketoacidosis						
O - Other: Recovery from hyperventilation (low HCO <sub>3</sub> <sup>-</sup> after pH↑, renal, expansion, acidosis (renal dilution of serum HCO <sub>3</sub> <sup>-</sup> by IV saline))      S - Starvation ketoacidosis						
R - Renal tubular acidosis (RTA)      R - Renal tubular acidosis						
D - Drugs: acetazolamide or topiramate (primary HCO <sub>3</sub> <sup>-</sup> wasting), furosemide or thiazides (RTA)						
O - Obstructive uropathy						
D - Other: Recovery from hyperventilation (low HCO <sub>3</sub> <sup>-</sup> after pH↑, renal, expansion, acidosis (renal dilution of serum HCO <sub>3</sub> <sup>-</sup> by IV saline))						
F - Folate: renal conduit for folate replacement or urinary-uricemic: Folate						
U - Uremia in early stages						
S - Suffocation (Stimulus poisoning)						
Normal values: pH = 7.35-7.45, PaCO <sub>2</sub> = 35-45 mmHg, HCO <sub>3</sub> <sup>-</sup> = 21-27 mEq/L, Na <sup>+</sup> = 135-145 mEq/L, Cl <sup>-</sup> = 98-106 mEq/L, AG = 12 ± 4 mEq/L						
***Chronic respiratory acidosis/alkalosis are compensatory aciphenic as the process is gradual and compensation occurs to correct the acid-base disorder (due to a normal blood and CNS pH).						
***Acute respiratory alkalosis is usually symptomatic due to low well-compensated pH in blood and CNS. Symptoms may include headache, blurred vision, lightheadedness, anxiety, and with increasing severity, tremor, ataxia, dizziness, numbness, and coma with 1 intracranial pressure and papilloedema at death.						
***Acute respiratory acidosis is usually symptomatic due to low well-compensated pH in blood and CNS. Symptoms may include dizziness, confusion, paraesthesia, circumoral numbness, a sense of distention of breast, and with increasing severity, somnolence and ultimately with Cheyne-Stokes or central apnea on room air, lab may show hypokalemia, hypophosphatemia, and mild acute hypernatremia. RTA = renal tubular acidosis.						
Author: A.S. Brown, MD, J.A. Hurrell, MD, A.S. Goffredo, MD, PhD, ISBN 978-1-0001-008-4						
© 2013 Bohn Bookstore Publishing, Ltd.						



## 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, hyponatremia, 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.

## 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: Be the first to review this item

Best Sellers Rank: #335,819 in Books (See Top 100 in Books) #33 in Books > Textbooks > Medicine & Health Sciences > Medicine > Clinical > Nephrology #56 in Books > Medical Books > Medicine > Internal Medicine > Nephrology #326 in Books > Textbooks > Medicine & Health Sciences > Medicine > Education & Training

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

Acid-Base, Fluids, Lytes Pocketcard Set Clinical Physiology of Acid-Base and Electrolyte Disorders (Clinical Physiology of Acid Base & Electrolyte Disorders) Acid-Base, Fluids, and Electrolytes Made Ridiculously Simple High-Yield™ Acid-Base (High-Yield Series) Microsoft Win32 Developer's Reference Library - (Microsoft Developers Library Win 32 BASE SERVICES (Microsoft Win 32 - Base Services) History and Physical Exam Pocketcard Set Echocardiography: Pocketcard Set Vision Pocketcard Mosby's Fluids & Electrolytes Memory NoteCards: Visual, Mnemonic, and

Memory Aids for Nurses, 2e An Introduction to the Properties of Fluids and Solids Urinalysis and Body Fluids Urinalysis and Body Fluids: A Colortext and Atlas Fluids and Electrolytes in the Surgical Patient Aunty Acid - Presents Humor that Bites! 2017 Boxed/Daily Calendar Dr. Koufman's Acid Reflux Diet: With 111 All New Recipes Including Vegan & Gluten-Free: The Never-need-to-diet-again Diet The Doctor's Guide to Gastrointestinal Health: Preventing and Treating Acid Reflux, Ulcers, Irritable Bowel Syndrome, Diverticulitis, Celiac Disease, ... Pancreatitis, Cirrhosis, Hernias and more Alkalize or Die: Superior Health Through Proper Alkaline-Acid Balance Amino Acid and Peptide Synthesis (Oxford Chemistry Primers) Alkaline Diet: The Best Alkaline Meal Plan to Reduce Body Acid Color for Calm All Year Long 2017: Box Calendar with Colored Pencils attached to Base

[Dmca](#)