

Acid - Base II

Acid Base Compensatory
Mechanisms
and
Predicting types of
Acid Base Abnormalities

K pp. 113-115

C pp 46-48

EMC 360 - Acid Base 2

Objectives

Upon completion of this lecture the learner should be able to:

- Discuss the compensatory mechanisms for handling an excess of either a metabolic or a respiratory acid.
- Give typical clinical examples of compensatory mechanisms for a metabolic and respiratory acidoses and alkaloses.
- Discuss a system for rapid interpretation of acid-base / blood gas data .

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Interpretation of A - B Data

Evaluation of acid-base / blood gas data values

- Complicated
 - tricks
 - nomograms
 - base excesses or deficits
 - "golden rules"
 - formulas ($0.0017 \times \text{observed } p\text{CO}_2 \text{ change}$)
- Simplified acid-base interpretation

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Simplified Acid-base Interpretation

Start by using only one variable

- Look at only the patient's given $p\text{CO}_2$
 - Ask everything about that variable
 - is there a respiratory problem ?
 - what effect should this $p\text{CO}_2$ have on the pH?
 - Then ask : is this **ONLY** a respiratory problem ?
 - or is there also a metabolic component?

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Simplified Acid-base Interpretation

Step 1

Start by looking at the patient's $p\text{CO}_2$ (only)

- Ask is there a respiratory problem ?
yes or no ?
- If respiratory status is not normal (40)
then ask is there a respiratory problem
acidotic or alkalotic ?

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Simplified Acid-base Interpretation

Step 2

After putting the pt. in a respiratory category
acidosis / normal / alkalosis

Then by looking only at the patient's $p\text{CO}_2$

- predict [by using a simple table] what
effect this $p\text{CO}_2$ should have on the
pH?

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Effect of pCO₂ on pH

	respiratory acidosis	normal	respiratory alkalosis
pCO ₂	80	40	20
pH	7.2	7.4	7.6

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Step Analysis of pCO₂ + pH

Step 3:

Ask if there is a mismatch between the CO₂ and the expected pH.

- If no, then this is a straight respiratory problem
- If yes, then a **metabolic component** must be present to explain this mismatch
- In the examples that follow, patients will have a variety of acid-base abnormalities.
- In other patients, the mismatch is caused by a metabolic component.

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Step Analysis of pCO₂ + pH

Step 3:

If there is a mismatch between the CO₂ and the expected pH.

- Then this mismatch is caused by a metabolic component :
 - metabolic component will either worsen
 - or will improve the patient's respiratory condition.

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Step Analysis of pCO₂ + pH

- step 1: look at the patient's pCO₂ and place the patient in a category:
 - a) respiratory acidosis, if CO₂ > 40 - 50
 - b) normal respirations, if CO₂ = 40
 - c) respiratory alkalosis, if CO₂ < 20 - 40
- step 2: based on this CO₂-category, – what pH should be expected ?
 - pick one: " ~7.2, ~7.4, or ~7.6 "
- step 3: ask if there is a perfect match between the CO₂ and the expected pH.

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Case 1

pCO ₂	80	40	20
pH	7.2	7.4	7.6

21 YOM with RR 38 and anxiety

pCO₂ : 21 Is there a resp. problem?

Expected pH: _____

Actual pH: 7.6 Is there a mismatch?

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Case 2

pCO ₂	80	40	20
pH	7.2	7.4	7.6

21 YOM with RR 38 and abd. pain, N,V

pCO₂ : 18 Is there a resp. problem?

Expected pH: _____

Actual pH: 7.1 Is there a mismatch?

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Case 3

pCO ₂	8.0	4.0	2.0
pH	7.2	7.4	7.6

21 YOF with RR 38 and fever

pCO₂ : 76 Is there a resp. problem?

Expected pH: _____

Actual pH: 7.23 Is there a mismatch?

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Case 4

pCO ₂	8.0	4.0	2.0
pH	7.2	7.4	7.6

71 YOF with RR 30 , cough , wheezing

pCO₂ : 79 Is there a resp. problem?

Expected pH: _____

Actual pH: 7.33 Is there a mismatch?

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Case 5

pCO ₂	8.0	4.0	2.0
pH	7.2	7.4	7.6

51 YOF with RR 26 , cough , am sputum

pCO₂ : 60 Is there a resp. problem?

Expected pH: _____

Actual pH: 7.39 Is there a mismatch?

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Case 6

pCO ₂	8.0	4.0	2.0
pH	7.2	7.4	7.6

51 YOF in full arrest, ALS is in progress

pCO₂ : 40 Is there a resp. problem?

Expected pH: _____

Actual pH: 7.62 Is there a mismatch?

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Case 7

pCO ₂	8.0	4.0	2.0
pH	7.2	7.4	7.6

51 YOF in full arrest, ALS is in progress

pCO₂ : 60 Is there a resp. problem?

Expected pH: _____

Actual pH: 7.12 Is there a mismatch?

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Summary

We have discussed :

- Compensatory mechanisms for acidoses - metabolic and respiratory.
- Typical clinical examples of these
- A system for rapid interpretation of acid-base / blood gas data .

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