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# Acid-Base, Fluids, Lytes Pocketcard Set

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	Normal range		Simple acid-base disorders			
	Arterial	Venous	Mix acid	Resp acid	Mix alk	Resp alk
pH	7.38-7.44	7.33-7.43	7	7	7	7
pCO <sub>2</sub>	36-44 mmHg	36-48 mmHg	0	0	0	0
HCO <sub>3</sub> <sup>-</sup>	21-27 mEq/L	23-29 mEq/L	0	0	0	0
pO <sub>2</sub>	70-100 mmHg	37-47 mmHg				
O <sub>2</sub> sat	>95%	80%-85%				
BE	-2 to 3					

**Algorithm for Determining Acid-Base Status**

Normal values: pH = 7.38-7.44, pCO<sub>2</sub> = 36-44 mmHg, HCO<sub>3</sub><sup>-</sup> = 21-27 mEq/L (arterial), 23-29 mEq/L (venous), pO<sub>2</sub> = 70-100 mmHg, O<sub>2</sub> sat >95%, BE = -2 to 3.

**DR. BOOHS (Base anion gap metabolic acidosis)**

- B** - Diarrhea (loss of HCO<sub>3</sub><sup>-</sup>); sepsis; low urine Na<sup>+</sup>
- R** - Renal tubular acidosis (RTA)
- D** - Drugs: acetazolamide or topiramate (primary HCO<sub>3</sub><sup>-</sup> wasting); tenofovir or disulfiram (RTA)
- O** - Oxidative: salicylate
- H** - Hypertonic: recovery from hyperventilation (low HCO<sub>3</sub><sup>-</sup> after pH<sub>i</sub> rises); expansion acidosis (rapid dilution of serum HCO<sub>3</sub><sup>-</sup> by IV saline)
- S** - Sulfate: renal excretion for dialysis replacement or uretero-colic; sulfate U<sub>2</sub> - uremia in early stages

**DR. MAPLES (Anion gap metabolic acidosis)**

- M** - Methanol
- A** - Acetone
- P** - Paraldehyde, propylene glycol, pyroglutamic acid or 5-oxoprolidone, acylsulfonamide toxicity (the common culprit)
- L** - Lactic acid
- E** - Ethylene glycol, ethylene glycol, ethylene glycol, ethylene glycol
- S** - Starvation ketoacidosis



## 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, 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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