# Acid Base Workshop Instructor Notes

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#### Slide 1



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### Slide 2



## Slide 3



#### Slide 4



## Slide 5

# Acid base Initial assessment – an example (2)

#### Assessment:

The diagnosis is obvious on this information: the patient has a significant diabetic ketoacidosis. Further investigations such as arterial blood gases and plasma blochemistry will provide:

- Confirmation of the diagnosis
- Assessment of severity of the acid-base disorder
- Evidence of the presence of other acid-base disorders (ie a mixed disorder)

#### What other acid-base disorders could be present?

If she has pneumonia, respiratory compensation could be inadequate indicating the presence of a respiratory acidosis
Volume depletion and hypoperfusion will give her a lactic acidosis

· Persistent vomiting will give her a metabolic alkalosis

#### Slide 6

2015



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## Slide 7



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### Slide 8

cid base	apls
culate degree of compensation	
<ul> <li>Winter's equation in metabolic problem</li> <li>Expected pCO<sub>2</sub> in acidosis - 1.5 x HG</li> <li>Expected pCO<sub>2</sub> in alkalosis - 0.7 x HG</li> </ul>	ms: CO + 8 ( +/- 2) CO + 9 ( +/- 3)
<ul> <li>In Respiratory acidosis:</li> <li>Acute - 1 HCO for every 10 increase</li> <li>Chronic - 4 for every 10 increase in particular set of the set of</li></ul>	e in pCO <sub>2</sub> pCO <sub>2</sub>
<ul> <li>In Respiratory alkalosis:</li> <li>Acute - 2 for every 10 decrease in p</li> <li>Chronic - 5 for every 10 decrease in</li> </ul>	0CO2 pCO2
	cid base pensation culate degree of compensation Winter's equation in metabolic problem • Expected pCO <sub>2</sub> in acidosis – 1.5 x H • Expected pCO <sub>2</sub> in alkalosis – 0.7 x H In Respiratory acidosis: • Acute – 1 HCO for every 10 increase • Chronic – 4 for every 10 increase in In Respiratory alkalosis: • Acute - 2 for every 10 decrease in p • Chronic – 5 for every 10 decrease in

## Slide 9



# Slide 10

Acid Direct	<b>base</b> ed case 2		apls
Initial in A 7 year for one w a dry cou vomiting.	formation old child has been unwell eek with a flu-like illness, gh, poor appetite, and		
Further Arterial bl pH pCO <sub>2</sub> pO <sub>2</sub> HCO <sub>3</sub> BE	information ood gas analysis reveals: 7.05 30 mmHg (4.0 kPa) 75 mm Hg (10.1 kPa) 9.9 mmol/L -17 mmol/L	Further in Na K Cl U Cr Gluc	nformation 146 mmol/L 3.4 mmol/L 110 mmol/L 7.3 mmol/L 112 mmol/L 35.1 mmol/L

## Slide 11



### Slide 12

Acid Direc	base ted case 4	apls
Initial i A 12 year distressed of having	nformation old boy is brought into A&E d and dyspnoeic, with a history taken 25 tablets. He does not	,
Know what Further in Arterial b	at they were. information lood gas analysis reveals: 7.50	Further information
Know what Further is Arterial b pH pCO <sub>2</sub>	at they were. information lood gas analysis reveals: 7.50 22 mmHg (2.92 kPa)	Further information At 6 hours serum salicylate
Know what Further in Arterial b pH pCO <sub>2</sub> pO <sub>2</sub>	at they were. information lood gas analysis reveals: 7.50 22 mmHg (2.92 kPa) 104 mmHg (13.8 kPa)	Further information At 6 hours serum salicylate levels were 100 mg/L.
know what Further is Arterial b pH $pCO_2$ $pO_2$ $HCO_3$	at they were. information lood gas analysis reveals: 7.50 22 mmHg (2.92 kPa) 104 mmHg (13.8 kPa) 24.1 mmol/L	Further information At 6 hours serum salicylate levels were 100 mg/L.

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# Slide 13



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## Slide 14

Acid Direct	base ed case 6	apls			
Initial in 6 year old days. Has I urine since	formation girl with fevers, cough and increasing SOB fo been off her foods for 2 days. Has not passed the am.	or 4 d			
On present 150/min, C 90%, She	On presentation in your ED, she is febrile to $39^{\circ}$ C, PR 150/min, Cap refill 3secs, RR 35/min. O <sub>2</sub> sats on RA is 90%, She looks unwell and is lethargic and malaised.				
Further in	formation				
Analysis re	Analysis reveals:				
рН	7.29				
pCO <sub>2</sub>	55 mmHg				
pO <sub>2</sub>	75 mmHg				
HCO3	19 mmol/l				
Na	132				
		WWW.BOR.DTL.DV			

# Slide 15



