

Acid-Base Rules
 $\text{pH} \sim \text{HCO}_3/\text{pCO}_2$

1. Do the numbers make sense?
 - a. Gather the necessary data (pH , pCO_2 , HCO_3) and check internal consistency
 - b. HCO_3 from the electrolyte panel and from ABG should be within 2, otherwise uninterpretable
 - c. $\{\text{H}^+\} = 24 \times \text{pCO}_2/\text{HCO}_3$: $\{\text{H}^+\} \sim 80 - \text{last 2 digits of pH}$
2. Is the patient acidemic or alkalemic?
 - a. Determine if blood pH ($\text{pH} < 7.38$ is acidemic, $\text{pH} > 7.42$ is alkalemic)
3. What is the primary disturbance (metabolic or respiratory)?
 - a. Measure arterial carbon dioxide tension (PaCO_2) and serum bicarbonate level
4. Is the compensation appropriate for the primary disturbance?
 - a. Calculate the degree of compensation
 - b. Metabolic acidosis: $\Delta \text{pCO}_2 = 1.0 \text{ to } 1.4 \times \Delta \text{HCO}_3$ (**1.2**)
 - c. Metabolic alkalosis: $\Delta \text{pCO}_2 = 0.5 \text{ to } 1.0 \times \Delta \text{HCO}_3$ (**0.7**)
 - i. But pCO_2 not $< 55 \text{ mmHg}$; no hypoxia
 - d. Respiratory Acidosis (Up 1,3)
 - i. Acute: $\Delta \text{HCO}_3 = 1 \text{ mEq/L} \uparrow / 10 \text{ mmHg} \uparrow \text{pCO}_2$
 - ii. Chronic: $\Delta \text{HCO}_3 = 3 \text{ mEq/L} \uparrow / 10 \text{ mmHg} \uparrow \text{pCO}_2$
 - e. Respiratory Alkalosis (Down 2.4)
 - i. Acute: $\Delta \text{HCO}_3 = 2 \text{ mEq/L} \downarrow / 10 \text{ mmHg} \downarrow \text{pCO}_2$
 - ii. Chronic: $\Delta \text{HCO}_3 = 4 \text{ mEq/L} \downarrow / 10 \text{ mmHg} \downarrow \text{pCO}_2$
5. What is the anion gap?
 - a. Measure serum sodium, chloride, and bicarbonate levels to assess the size of the anion gap (remember correction factor for hypoalbuminemia)
 - b. Normal = 10 ± 2
 - c. $\text{AG} = \text{Na}^+ - (\text{Cl}^- + \text{HCO}_3^-)$
 - d. Remember: Anion gap goes $\downarrow 2.75 \text{ mEq/L}$ for every \downarrow in albumin of 1 gm/dL
 - e. Urine AG = Urine ($\text{Na}^+ + \text{K}^+ - \text{Cl}^-$)
6. If the anion gap is elevated, is the bicarbonate appropriate for the anion gap?
 - a. Determine the corrected bicarbonate level and compare with the measured bicarbonate level
 - b. Exception: primary respiratory acidosis or respiratory alkalosis
 - c. Potential Bicarb = $\Delta \text{AG} + \text{HCO}_3$
 - d. Winter's formula: expected $\text{pCO}_2 = 1.5 (\text{HCO}_3) + 8 \pm 2$
 - i. (Determine expected pCO_2 to check if adequate compensation for pure metabolic acidosis)
7. If anion gap is elevated, calculate the osmolar gap
 - a. OG = measured plasma osm – calculated plasma osm
 - b. Normal OG = $5 - 10$
 - i. To recognize the presence of unmeasured substances like ethylene glycol or another alcohol
 - ii. Calculated plasma osm = $2 \text{ Na}^+ + \text{glucose}/18 + \text{BUN}/2.8 + \text{EtOH\%}/2.4$