

1: Acids and Bases Exercises

Acid-Base Disorders Julia Breyer-Lewis Board Simulation: Nephrology and Hypertension Richard A. Fatica SECTION VIII: GASTROENTEROLOGY Liver Disorders William D. Carey

Acid-base disturbances in intensive care patients: Mohammed Al-Jaghbeer, John A Kellum Acid-base disturbances are very common in critically ill and injured patients as well as contribute significantly to morbidity and mortality. An understanding of the pathophysiology of these disorders is vital to their proper management. This review will discuss the etiology, pathophysiology and treatment of acid-base disturbances in intensive care patients--with particular attention to evidence from recent studies examining the effects of fluid resuscitation on acid-base and its consequences. Nephrology, Dialysis, Transplantation <https://doi.org/10.1053/j.ajkd.2003.08.011>: The metabolites glycolate and glyoxylate give metabolic acidosis. Because of similar structure, these metabolites are misinterpreted as lactate by many point-of-care blood gas analyzers. The falsely high lactate values can lead to misdiagnosis, inappropriate laparotomies, and delayed antidotal therapy. As laboratory analyzers measure plasma lactate only, the difference or the "lactate gap" aids in early diagnosis. We present a patient with severe metabolic acidosis and elevated lactate levels on the point-of-care analyzer *Case Reports in Medicine* <https://doi.org/10.1093/cr/1.1.1>: Chronic metabolic acidosis affects the global homeostasis of the human body, including the metabolism of bone and muscles. Numerous studies have proved a causal relationship between metabolic acidosis and accelerated CKD progression. Both screening and treatment of metabolic acidosis are easy and cheap Metabolic acidosis MA is associated with a loss of muscle mass and faster deterioration of kidney function in patients with chronic kidney disease CKD. A few single-centre randomized trials have reported favourable outcomes following correction of MA. Additional good quality evidence on the safety and efficacy of alkali supplementation is required in epidemiologically different patient subsets with CKD. A single-centre, open-label, randomized, prospective parallel-group study was conducted to assess the effect of correction of MA on body composition and kidney function *A Report of 4 Cases*. Harold Stein Four patients were recently seen at our institution presenting with severe hypobicarbonatemia and elevated anion gap on serum specimens processed by an autoanalyzer using enzymatic reactions. Arterial blood gas values in each case revealed no significant acid-base disturbance and a marked discordance between arterial blood gas calculated bicarbonate levels and those reported on the basic metabolic panel. *American Journal of Kidney Diseases*:

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Metabolic acid-base disorders result in respiratory compensation (change in P_{CO_2}); respiratory acid-base disorders result in metabolic compensation (change in HCO_3^-). More than one primary acid-base disorder may be present simultaneously.

Prevention Respiratory acidosis develops when air exhaled out of the lungs does not adequately exchange the carbon dioxide formed in the body for the inhaled oxygen in air. There are many conditions or situations that may lead to this. One of the conditions that can reduce the ability to adequately exhale carbon dioxide CO_2 is chronic obstructive pulmonary disease or COPD. CO_2 that is not exhaled can shift the normal balance of acids and bases in the body toward acidic. The CO_2 mixes with water in the body to form carbonic acid. With chronic respiratory acidosis, the body partially makes up for the retained CO_2 and maintains acid-base balance near normal. Medical treatment for chronic respiratory acidosis is mainly treatment of the underlying illness which has hindered breathing. Treatment may also be applied to improve breathing directly. Respiratory acidosis can also be acute rather than chronic, developing suddenly from respiratory failure. Emergency medical treatment is required for acute respiratory acidosis to: Regain healthful respiration Treat the causes of the respiratory failure

Fast facts on respiratory acidosis Here are some key points about respiratory acidosis. More detail and supporting information is in the main article. Respiratory acidosis develops when decreased breathing fails to get rid of CO_2 formed in the body adequately The pH of blood, as a measure of acid-base balance, is maintained near normal in chronic respiratory acidosis by compensating responses in the body mainly in the kidney Acute respiratory acidosis requires emergency treatment Factors that could worsen respiratory acidosis include smoking, sedatives, and obesity Acid-base balance and acidosis When acid levels in the body are in balance with the base levels in the body, the pH measure of blood is 7. A lower pH number reflects higher levels of acid, and a higher pH number represents higher base levels. Acidosis occurs when gas exchange in the lungs does not work as it should. The narrow pH range for healthy functioning is between 7. Acidemia is defined when pH of the blood is lower than 7. Alkalemia, or blood with high levels of base, is when blood pH is higher than 7. Respiratory acidosis Acidosis is excess acidity. It is classified as either metabolic or respiratory, depending on the main cause of the acid-base imbalance. Metabolic acidosis does not arise from increased CO_2 , but from increased production of acids. It can occur in conditions such as diabetic ketoacidosis and kidney disease, as well as many other diseases. Respiratory acidosis occurs when respiration does not adequately get rid of CO_2 . The increased CO_2 results in an increase in acid and an acidic state. The increased CO_2 that occurs in respiratory acidosis is called hypercapnia when it rises above the normal range. The kidneys get rid of more acid and reabsorb more base to try and create a balance. Immediate medical attention is needed if this kidney function is no longer enough to maintain the balance of acids and bases. It is also needed in the event of acute respiratory acidosis from respiratory failure. Symptoms The symptoms of respiratory acidosis are generally the effects of raised CO_2 . In chronic respiratory acidosis, these symptoms are less noticeable than in acute respiratory acidosis. This is because compensating responses in the body keep blood pH near normal. The acidifying effect of raised CO_2 in chronic respiratory acidosis can be lessened in the blood. However, it is not lessened as effectively in the brain. Symptoms of raised CO_2 levels and acidity in the brain may be overlooked in long-term illness, but can include: Sleep disturbance is one of the symptoms of raised CO_2 levels.

3: Respiratory acidosis: Causes, symptoms, and treatment

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Lactic acidosis is a high anion gap metabolic acidosis due to elevated blood lactate. Lactic acidosis results from overproduction of lactate, decreased metabolism of lactate, or both. Type A lactic acidosis, the most serious form, occurs when lactic acid is overproduced in ischemic tissue”as a.

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use bicarbonate-centered approaches to assessing acid-base disorders, 14,15 the presence of an acidosis is indicated by the decreased bicarbonate level suggested by the smaller SID.

7: Table of contents for The Cleveland Clinic intensive review of internal medicine

This is a quick review on pH and the Hydrogen ion. When speaking about Acid-Base disorders, it is fundamental to have

some basic knowledge about pH and it's relation to the hydrogen ion, carbon.

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Acid-base balance in the body is mandatory for the proper functioning of body organs. Even a slight alteration in the level of acid or base may severely impact many organs. The balance between acid and base is controlled by different mechanisms occurring in the lungs, kidneys and buffer systems.

9: Acidâ€base imbalance - Wikipedia

Changes of renal functional state under the influence of therapy of pentoxyphyline and reopoliglucine in patients with chronic obstructive disease of lung.

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