

Ventilation

Acid Base

In three easy steps

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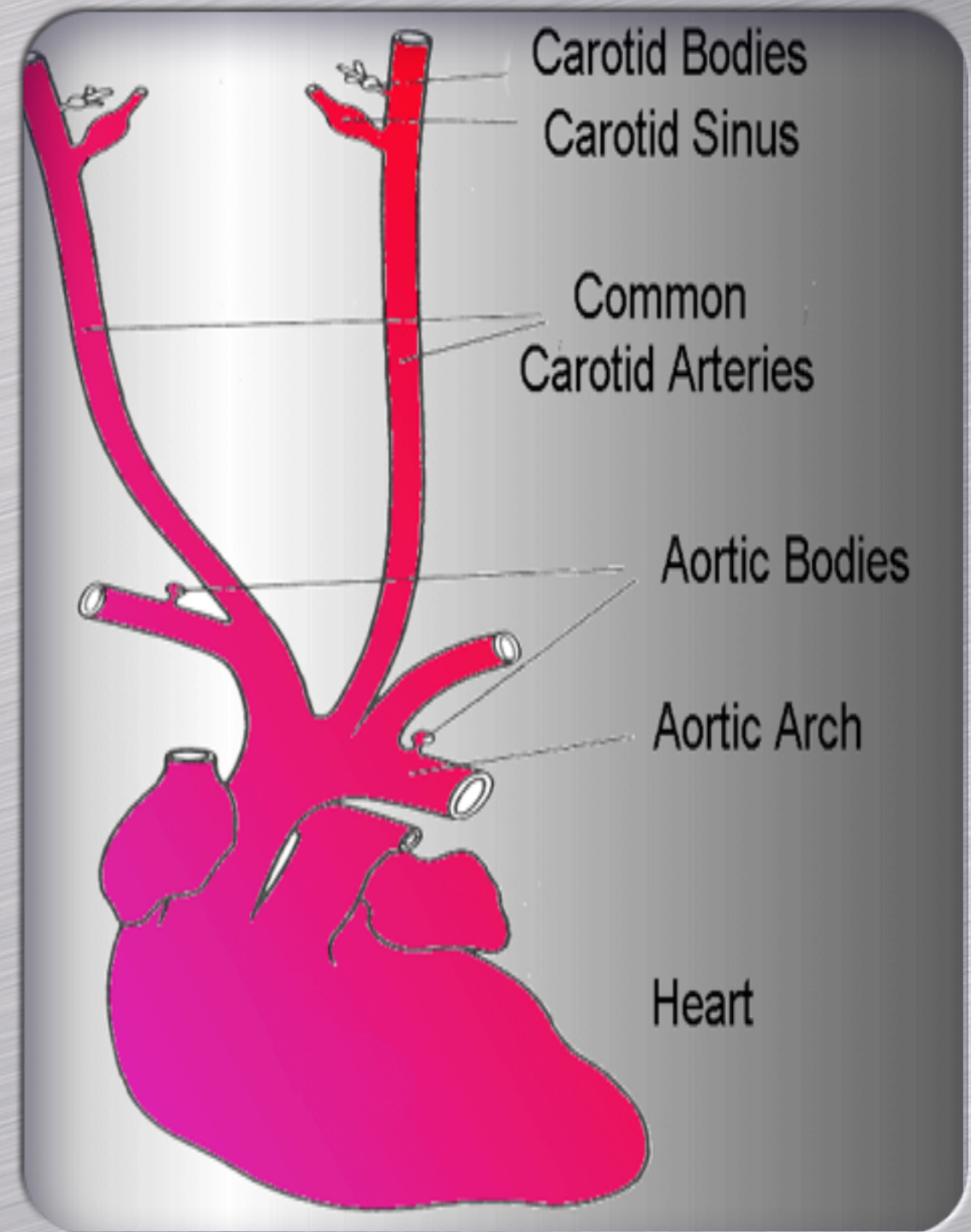
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Outline

- Definitions
- Physiology of acid base
- Interpretation of acid base
 - Acidosis or alkalosis
 - Primary cause
 - Compensation
- Examples



Definitions

Acid & Base

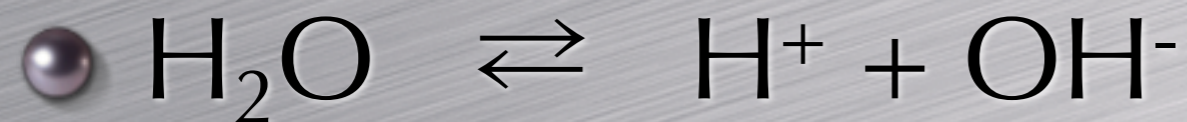
- Acid
 - Proton donor (H^+)
- Base
 - Proton recipient (OH^-)
- Water and acid
 - $\text{H}_2\text{O} = \text{H-O-H} = \text{H}^+ + \text{OH}^-$

Definitions

pH

- pH = Negative log H^+ content of a solution
- pH = 7.0 = very small amount of H^+
- 10^{-7} Molar of H^+ in water
- = 1 in 10 000 000 molar

Water



- Its the H^+ that counts

- pH 7.4 = 40 per billion H^+ ions



Definitions

Definitions

- Acidosis – A high amount of acid ($\uparrow\uparrow \text{H}^+$)
 - Lots of H^+
 - $\text{pH} < 7.35$
- Alkalosis – A low amount of acid ($\downarrow\downarrow \text{H}^+$)
 - Lots of OH^-
 - $\text{pH} > 7.45$

Physiology

Outline

- Factors in acid base balance
- Regulation of respiration
- Regulation of metabolism
- Integration of both mechanisms
- Causes of acid base disturbances

Factors in Acid Base

Physiology

- If its such a small amount of H^+ , why is it so important?
- Because it affects the charge (+/-) of protiens, which changes the shape of a protien.

Normals

- What is a normal and bad pH?
- Normal pH
 - 7.35 to 7.45
- Low pH (Acidosis)
 - If $\text{pH} < 7.0$, survival is unlikely.
- High pH (Alkalosis)
 - If $\text{pH} > 7.6$ severe

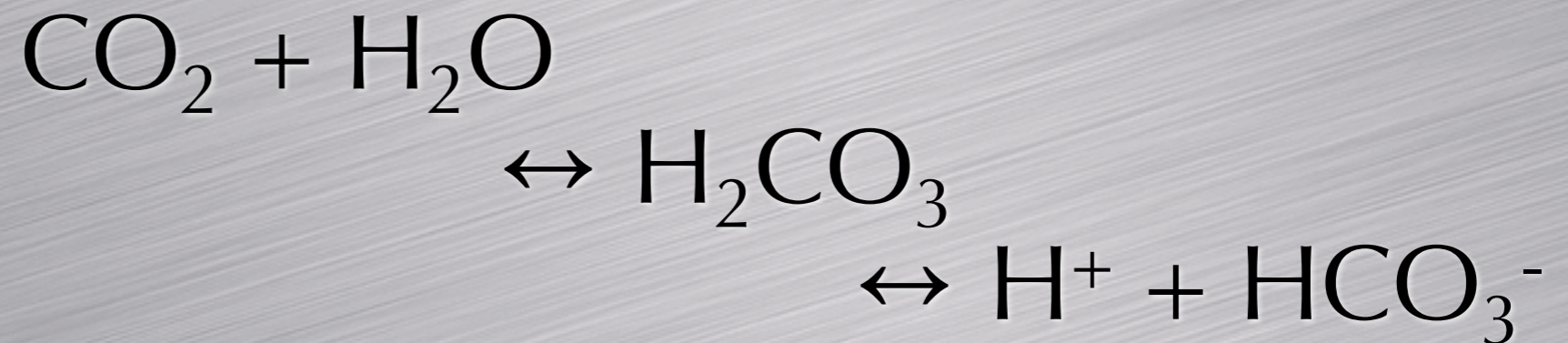
Regulation

- What regulates our acid base balance?
- Two organs:
 - Lungs
 - Kidneys
- Both can independently affect pH

Lung Physiology

Lungs and pH

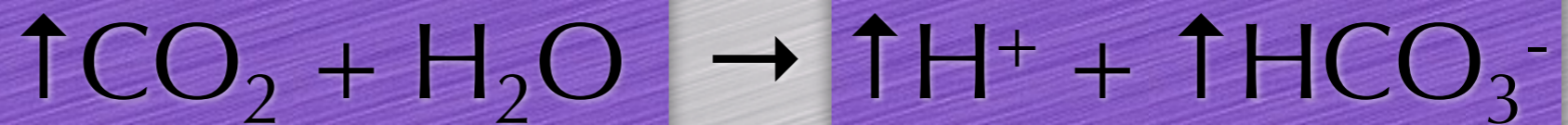
- Ventilation controls CO_2 which controls H^+ ion levels



- Note: it's the H^+ that counts for pH

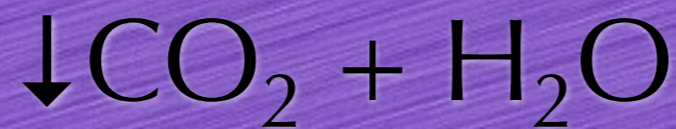
Lungs and pH

- Underventilation (\rightarrow Acidosis)
 - CO_2 rises and therefore H^+ rises



Lungs and pH

- Overventilation (\rightarrow Alkalosis)
- CO_2 falls and therefore H^+ falls
- Therefore alkalosis results (pH Rises)

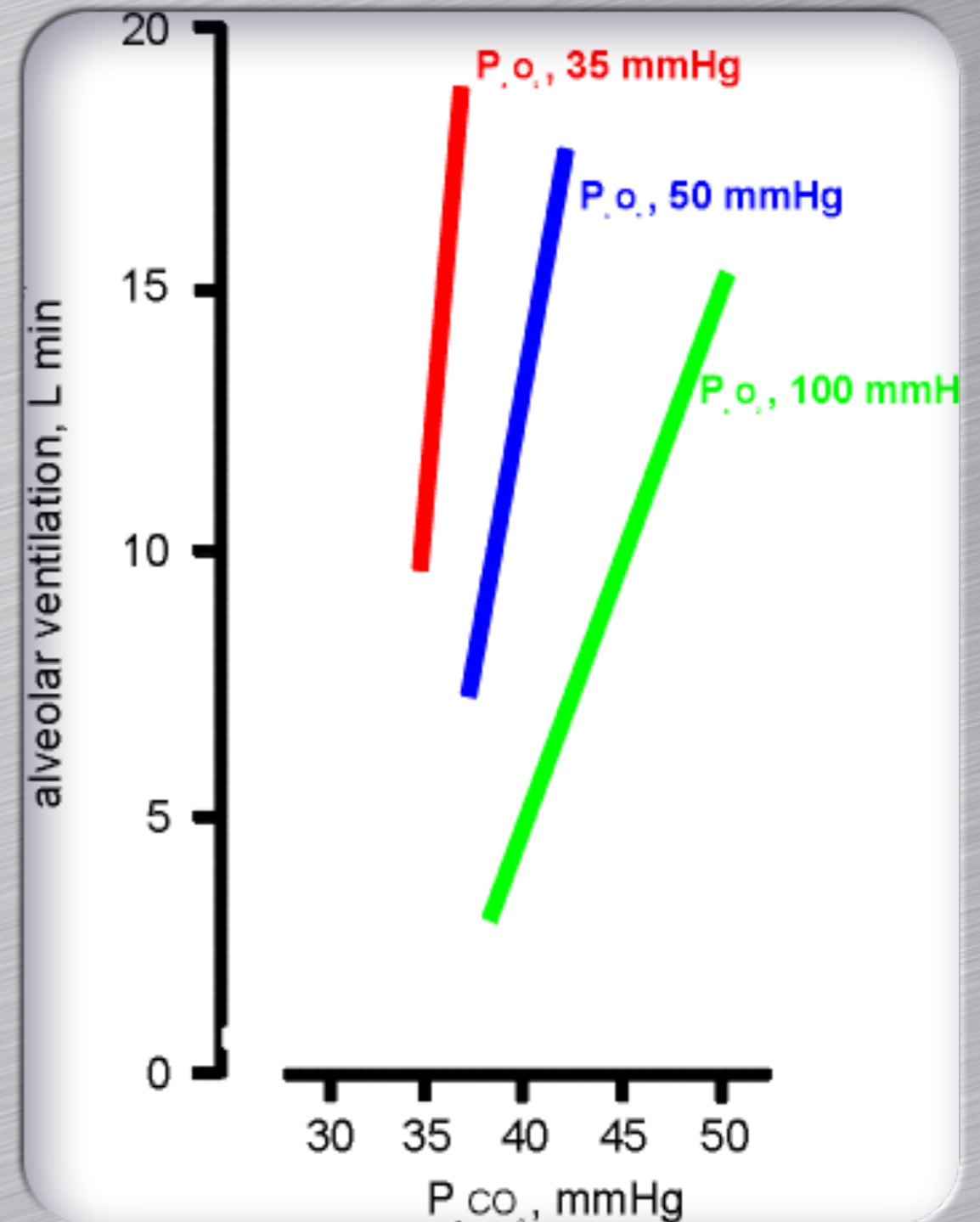


Regulation

- The lungs are regulated by the brainstem
- Respiratory regulation is very dependent on a functioning nervous system and neuromuscular system.
- Normal CO_2 response keeps pH tightly controlled.
- CO_2 levels can change very quickly

Ventilatory Response

- Ventilatory response is linear
- Modulated by pO_2
- Aponeic threshold 32
- Small changes cause a big response



Respiratory Acidosis

- Very common finding in hospitals
- Usually due to sedation in critical care setting
- Several possible causes
 - Sedatives
 - Anaesthetics
 - Opiates
 - Muscle relaxants

Respiratory Alkalosis

- Less common, due to overstimulation of respiratory centres
- Pain
- Fever
- Hypoxia
- Anaemia
- Drug overdose (Aspirin, Doxapram)

Renal Physiology

pH & Bicarbonate

- Acid depletes bicarbonate
 - Metabolic acidosis lowers bicarbonate
- Base restores bicarbonate
 - Metabolic alkalosis raises bicarbonate

Kidneys and pH

- The most important organ in regulation of pH is the kidney.
- Excretes H^+ ions in various forms
 - Ammonium (NH_4^+)
- Features of renal control of acid-base
 - Is autonomous in function (unlike lungs)
 - Response requires urine formation
 - Change takes hours – days

Metabolic Acids

- Aside from CO_2 , there are many acids in the body.
- The net effect of all these other acids are reflected in the Bicarbonate level.
- Any changes in metabolic acid load will be reflected in the bicarbonate level.

Metabolic Alkalosis

- Causes
 - Loss of acid
 - Renal - Diuretics
 - Gut - Vomiting
 - Addition of alkali
 - Metabolic
 - Exogenous

Metabolic Acidosis

- Very common finding in hospitals
- Usually due to renal impairment or overwhelming illness
- Many causes for this – need to look further once a metabolic acidosis is diagnosed
- Due to either
 - Loss of Base (Uncommon)
 - Failure to excrete acid (Common)

Anion Gap

- Helps you reduce the number of possible causes
- Anion gap
 - = $[\text{Na}] + [\text{K}] - ([\text{Cl}] + [\text{HCO}_3])$
 - = [other anions] - [other cations]
- Normal values is 8-16 mmol/L
 - (4-13 if potassium not used in formula)

Normal Anion Gap Acidosis

- Renal Causes
 - Renal tubular acidosis
 - Carbonic anhydrase inhibitors
- GIT causes
 - Severe diarrhoea, small bowel fistula
 - Uretero-enterostomy or Obstructed ileal conduit
 - Drainage of pancreatic or biliary secretions
- Other Causes
 - Recovery from ketoacidosis
 - Addition of HCl, NH₄Cl

Raised Anion Gap Acidosis

- Bulk Acids
 - Diabetic ketoacidosis
 - Alcoholic ketoacidosis
 - Starvation ketoacidosis
 - Lactic acidosis
- Renal Failure
 - Uraemic acidosis or other ions (eg sulphate)
- Toxins
 - Ethylene glycol
 - Methanol
 - Salicylates

Summary of Physiology

- There are two regulators of pH:
 - Lungs / brainstem
 - Kidneys
- Each can be monitored by a test:
 - CO₂ – Lungs
 - Bicarbonate – Kidneys

Summary

- Factors in acid base balance
- Regulation of respiration
- Regulation of metabolism
- Integration of both mechanisms
- Causes of acid base disturbances

Interpretation

Interpretation of Acid-Base

- So, you do a blood gas.
- How do you interpret it?

- Simple – Ask three questions
 - What is the problem?
 - What is the cause of the problem?
 - Is there compensation?

First Question

- What is the problem?
- Answer – Look at the pH
 - Low pH (< 7.35) = Acidosis
 - High pH (> 7.45) = Alkalosis
- “Acidosis or Alkalosis”

Second Question

- What is causing the problem
- Acidosis
 - High CO_2 (> 45) OR
 - Low Bicarbonate (< 22)
- Alkalosis
 - Low CO_2 (< 35) OR
 - High Bicarbonate (> 26)
- “Metabolic, Respiratory or Combined”

Third Question

- Combined, uncompensated or compensated?
- Acidotic pH
 - Both lungs and kidneys acidotic – Combined
 - One organ system normal – Uncompensated
 - One organ system alkalotic – Compensated

Third Question

- Combined, uncompensated or compensated?
- Alkalotic pH
 - Both lungs and kidneys alkalotic – Combined
 - One organ system normal – Uncompensated
 - One organ system acidotic - Compensated

Summary

- Analysis of ABG's is easy.

Do it in steps:

1. Acidosis or Alkalosis
2. Metabolic or Respiratory
3. Combined, Uncompensated or Compensated

Summary

- Describing Acid-Base is easy.
- Make a short sentence
- Reverse the word order
 - Eg. Compensated Metabolic Alkalosis
 - Eg. Uncompensated Respiratory Acidosis

Examples

Examples

- Sepsis
- Sedation
- Vomiting gastric contents

Example Sepsis

Sepsis

- 24 year old IV drug user with fever, tachycardia and hypotension.
- ABG
 - PH = 7.20
 - pCO₂ = 25
 - Bicarbonate = 12

Sepsis

- Question one (pH = 7.20)
 - Acidosis or Alkalosis?
- Question two (pCO₂ = 25, Bicarb = 12)
 - Metabolic or Respiratory?
- Question three
 - Combined, Uncompensated or Compensated?

Sepsis

- 24 year old IV drug user with fever, tachycardia and hypotension.
- ABG
 - PH = 7.20
 - pCO₂ = 25
 - Bicarbonate = 12
- “Compensated Metabolic Acidosis”

Example Sedation

Sedation

- 45 Year old lady in ED. Drowsy, history of possible suicide attempt.
- ABG
 - pH = 7.25
 - pCO₂ = 55
 - Bicarbonate = 24

Sedation

- Question One (pH = 7.25)
 - Acidosis or alkalosis?
- Question two (pCO₂ = 55, Bicarb = 24)
 - Metabolic or Respiratory?
- Question three
 - Combined, Uncompensated or Compensated?

Sedation

- 45 Year old lady in ED. Drowsy, history of possible suicide attempt.
- ABG
 - pH = 7.25
 - pCO₂ = 55
 - Bicarbonate = 24
- “Uncompensated Respiratory Acidosis”

Example Vomiting

Vomiting

- 78 year old man with abdo pain, nausea and vomiting. Not passing wind or faeces
- ABG
 - PH = 7.55
 - pCO₂ = 50
 - Bicarbonate = 32

Vomiting

- Question one (pH = 7.55)
 - Acidosis or Alkalosis?
- Question two (pCO₂ = 50, Bicarb = 32)
 - Metabolic or Respiratory?
- Question three
 - Combined, Uncompensated or Compensated?

Vomiting

- 78 year old man with abdo pain, nausea and vomiting. Not passing wind or faeces
- ABG
 - PH = 7.55
 - pCO₂ = 50
 - Bicarbonate = 32
- “Compensated Metabolic Alkalosis”

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