### 1. Acids and Bases

### a. Definitions

- i. Bronstead-Lowry
  - 1. \_\_\_\_\_ donor
- ii. Lewis
  - \_\_\_\_\_\_ acceptor
- iii. Examples

### b. Parameter

- i. pH Scale
  - 1. pH = \_\_\_\_\_
  - 2. Ref. Range =\_\_\_\_\_
  - 3. >7.45 =
  - 4. <7.35=

### 2. Buffers

a. How do they work?



b.	Biological Buffe	ers	
	i. Bicarb		
	1.	Bicarb	and carbonic acid
		a	CO2 that remain

b. CO2 that diffuses into RBCs

a. CO2 that remains in plasma:

i. Chloride Shift

ii. Phosphate

1. Important in:

iii. Proteins

iv. Hemoglobin

3. ONE EQUATION TO RULE THEM ALL!

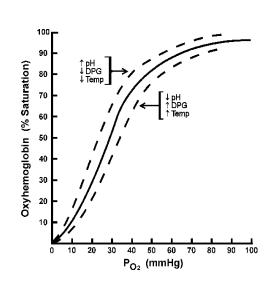
a. Henderson Hasselbalch

i. pH =

іі. рКа =	(at body temp)
iii. Final fo	ormula for the Bicarb/carbonic acid buffer:
b. Buffering para	meter
i. Base E	xcess
1.	Calculated
2.	What does it tell us?
4. Blood Gas Parameters	
a. pH	

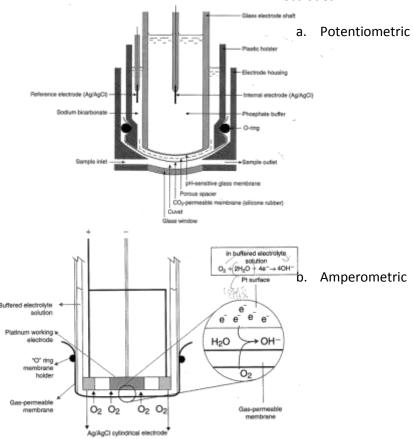
b. pCO<sub>2</sub>

- c. pO<sub>2</sub>
- i. Indicates:
- ii. Vs. sO<sub>2</sub>:
- iii. Saturation factors:
  - 1. pH
  - 2. 2,3 DPG
  - 3. Temp



# iv. Blood Gas Analyzers

### 1. Electrodes



2. Calculations
a. Bicarb
b. BE
c. % Sat***
v. Calibrating Blood Gas Analyzers  1. pH
2. PCO <sub>2</sub> and PO <sub>2</sub>
a. What are the problems with blood gas calibrators?
i. Thick

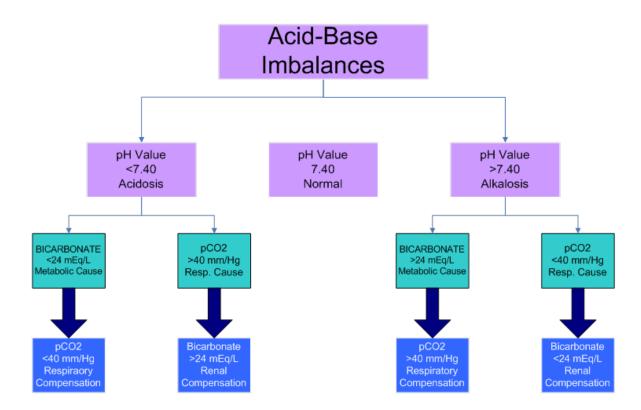
					ii.	Unstable
					iii.	Aqueous
					iv.	Flourocarbon?
				b.	Tonom	etry
_	_	 51	 _			

## 5. Examining Blood Gas Results

- a. Always Look at \_\_\_\_\_ FIRST!
  - i. >7.45
  - ii. <7.45
- b. Next examine WHY they are that way
  - i. Metabolic?
    - 1. HCO<sub>3</sub>
  - ii. Respiratory?
    - 1. pCO<sub>2</sub>

	рН	pCO2	HCO <sub>3</sub>
Resp. Acidosis			
Resp. Alkalosis			
Met. Acidosis			
Met. Alkalosis			

- c. If the body is out of balance it WILL try to compensate
  - i. Compensatory mechanisms are the opposite of the problem
    - 1. If problem is respiratory
    - 2. If problem is metabolic



Case Studies:
A 53 year old sustained major trauma in a motor vehicle accident. A blood gas was collected and the results follow: pH: 7.53 HCO3: 34 mmo/L pCO2: 42 mmHg
A 20 year old developed acute renal failure after aminoglycide therapy. An arterial blood gas revealed: pH: 7.36 HCO3: 16 mmol/L pCO2: 30 mmHg

A hospitalized 72 year old with COPD and an upper respiratory infection showed an arterial blood gas:

pH: 7.30

pCO2: 60 mmHg HCO3: 22 mmol/L