

LVI-RN Acid Base Worksheet

Name: Alex Adams

Please indicate if the following are Respiratory Acidosis, Respiratory Alkalosis, Metabolic Acidosis, or Metabolic Alkalosis. Also indicate if we have no compensation, partial compensation, or full compensation.

1. pH 7.21 (a)
CO2 35 (a)
HCO3 16 (a)
metabolic acidosis
no compensation
2. pH 7.52 (b)
CO2 40 (n)
HCO3 32 (b)
metabolic alkalosis
no compensation
3. pH 7.31 (a)
CO2 60 (a)
HCO3 22 (n)
respiratory acidosis
no compensation
4. pH 7.6 (b)
CO2 30 (b)
HCO3 26 (n)
respiratory alkalosis
no compensation
5. pH 7.35 (n)
CO2 64 (a)
HCO3 32 (b)
respiratory acidosis
fully compensated
6. pH 7.45 (n)
CO2 27 (b)
HCO3 20 (a)
respiratory alkalosis
fully compensated
7. pH 7.38 (n)
CO2 27 (a)
HCO3 16 (a)
metabolic acidosis
fully compensated
8. pH 7.43 (n)
CO2 56 (a)
HCO3 33 (b)
metabolic alkalosis
fully compensated

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9. pH 7.31 (a)
CO2 52 (a)
HCO3 30 (b)
Respiratory Acidosis
partially compensated
10. pH 7.53 (b)
CO2 28 (b)
HCO3 18 (a)
Respiratory Alkalosis
partially compensated
11. pH 7.22 (a)
CO2 26 (b)
HCO3 14 (a)
metabolic acidosis
partially compensated
12. pH 7.56 (b)
CO2 51 (a)
HCO3 35 (b)
metabolic alkalosis
partially compensated
13. pH 7.43 (n)
CO2 50 (a)
HCO3 32 (b)
metabolic alkalosis
fully compensated
14. pH 7.50 (b)
CO2 36 (n)
HCO3 27 (n)
metabolic alkalosis
no compensation
15. pH 7.42 (n)
CO2 16 (b)
HCO3 10 (a)
Respiratory alkalosis
fully compensated
16. pH 7.52 (b)
CO2 30 (b)
HCO3 24 (n)
Respiratory Metabolism
no compensation
17. pH 7.50 (b)
CO2 30 (b)
HCO3 23 (n)
Respiratory Alkalosis
no compensation

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18. pH 7.30 (a)
CO2 55 (a)
HCO3 26 (n)
Respiratory Acidosis
no compensation
19. pH 7.51 (b)
CO2 18 (b)
HCO3 14 (a)
Respiratory Alkalosis
partial compensation
20. pH 7.33 (a)
CO2 38 (n)
HCO3 19 (a)
metabolic acidosis
no compensation
21. pH 7.29 (a)
CO2 49 (a)
HCO3 22 (n)
Respiratory acidosis
no compensation
22. pH 7.22 (a)
CO2 23 (b)
HCO3 9 (a)
metabolic acidosis
partially compensated
23. pH 7.28 (a)
CO2 18 (b)
HCO3 8 (a)
metabolic acidosis
partially compensated
24. pH 7.33 (a)
CO2 15 (b)
HCO3 8 (a)
metabolic acidosis
partially compensated
25. pH 7.46 (b)
CO2 57 (a)
HCO3 39 (b)
metabolic alkalosis
partially compensated

Shirley W. Adams

Student Name: Ariel Widener

Date: 10/18/20

ABG Interpretation Practice worksheet (12 items)

1		2		3	
pH	7.38 (n) (a)	pH	7.60 (b)	pH	7.37 n (a)
PaCO ₂	30mmHg (b)	PaCO ₂	25mmHg (b)	PaCO ₂	59 mmHg (a)
HCO ₃	10mEq/L (a)	HCO ₃	24mEq/L (n)	HCO ₃	34mEq/L (b)
pO ₂	60 moderate	pO ₂	72 mild	pO ₂	82 (N)
Interpretation:	Hypoxic Metabolic Acidosis Fully Compensated	Interpretation:	Respiratory Alkalosis No compensation	Interpretation:	Respiratory Acidosis Fully Compensated

4		5		6	
pH	7.56 (b)	pH	7.34 (a)	pH	7.15 (a)
PaCO ₂	40mmHg (n)	PaCO ₂	50mmHg (a)	PaCO ₂	49 mmHg (a)
HCO ₃	38mEq/L (b)	HCO ₃	31mEq/L (b)	HCO ₃	25mEq/L (n)
pO ₂	59 severe	pO ₂	65 moderate	pO ₂	74 mild
Interpretation:	Severe Metabolic Alkalosis No Compensation	Interpretation:	Respiratory Acidosis Partially Compensated	Interpretation:	Respiratory Acidosis No Compensation

7		8		9	
pH	7.20 (a)	pH	7.54 (b)	pH	7.42 (n) (b)
PaCO ₂	30 mmHg (b)	PaCO ₂	44mmHg (n)	PaCO ₂	38mmHg (n)
HCO ₃	18mEq/L (a)	HCO ₃	36mEq/L (b)	HCO ₃	25.3mEq/L (n)
pO ₂	55	pO ₂	64 mod	pO ₂	92
Interpretation:	Severe Metabolic Acidosis Partially Compensated	Interpretation:	Respiratory Alkalosis Not Compensated	Interpretation:	Normal Levels

10		11		12	
pH	7.31 (a)	pH	7.27 (a)	pH	7.55 (b)
PaCO ₂	33mmHg (b)	PaCO ₂	35mmHg (n)	PaCO ₂	34mmHg (b)
HCO ₃	16mEq/L (a)	HCO ₃	10mEq/L (a)	HCO ₃	16.8mEq/L (a)
pO ₂	68 moderate	pO ₂	78 mild	pO ₂	91 (N)
Interpretation:	Metabolic Acidosis Partially Compensated	Interpretation:	Metabolic Acidosis No Compensation	Interpretation:	Respiratory Alkalosis partially compensated

April D. Danner

Code Blue Role Review

Watch the assigned videos and make notes on the following roles during a code scenario.

Team Leader/Charge Nurse:

assigns roles, gives clear concise instructions follows up on instructions given. Also assessed for possible causes for cardiac arrest.

Scribe (documentation):

Kept track of time, medications given and also made sure the compressor was giving good quality compressions.

Compressor:

administers high quality chest compressions, should switch out every two minutes to avoid getting over tired + compromising quality of compressions.

Medications:

First the patient was started on O₂. Once the patient went unresponsive with no pulse + the code started the first medication given over IO access was epinephrine was 1mg epinephrine, two minutes later 3 shock delivered another 1mg of epinephrine was given, the next medication given 3 the third shock was 300mg of amiodarone. The next medication given was 40 units of Vasopressin.

1mg of epinephrine
1mg of epinephrine
300mg amiodarone
40 units Vasopressin
1 Normal Saline

Airway management:

Monitoring chest rise when administering rescue breaths, and monitoring for pulse between compressions.

GoFor/Flow:

Various equipment numbers not available in the crash cart or at bedside.

What did you notice that was efficient/well done in the videos?

Everyone worked well together + got things done quickly + efficiently. No one panicked. Everyone gave rapid input and did their jobs well.

What did you notice that could be improved in the videos?

In the second video at some points the compressions were too rapid. Attempting to administer leader's role compressions in progress. Multiple people speaking at once unclear instructions at times. Not switching out compressors every two minutes, Shallow compressions @ times. Not having monitors on as needed (pulse oximeter). Poor organization + missing documentation. No debriefing done.