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Basics of Giving Bicarbonate in Metabolic Acidosis

INDICATIONS	RATIONALE
<ul style="list-style-type: none">pH < 7.15Bicarbonate < 4Severe hyperchloremic acidosis	<ul style="list-style-type: none">Acidemia ↓ cardiac contractility, ↑ risk arrhythmias, impairs oxygen deliveryRespiratory compensation for acidosis is limited Lowest PCO₂ achievable = 12 mmHg pH < 7.1 → ↓ respiratory minute volume → superimposed respiratory acidosisBicarb stabilizes patient to definitive treatment of underlying acidosis causeRenal regeneration of bicarb can take days

RISKS

- Exacerbation of intracellular acidosis
HCO₃ → CO₂ + H₂O
CO₂ diffuses readily into cells, especially in CNS
- Cerebral edema
- Overcorrection → alkalosis
- QTc prolongation
- Hypokalemia
- Hypocalcemia

EVIDENCE SAYS...

- Controversial!
- Several studies have shown no survival benefit from bicarbonate therapy
- Other studies have shown improvement in hemodynamics with bicarbonate therapy
- Data often confounded by comorbid conditions of critically ill patients and the different reasons for acidosis

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