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Basics of Giving Bicarbonate in Metabolic Acidosis

INDICATIONS pH < 7.15 Bicarbonate < 4 Severe hyperchloremic acidosis	RATIONALE * Acidemia ↓ cardiac contractility, ↑ risk arrhythmias, impairs oxygen delivery * Respiratory compensation for acidosis is limited Lowest PCO2 achievable = 12 mmHg pH < 7.1 → ↓ respiratory minute volume → superimposed respiratory acidosis * Bicarb stabilizes patient to definitive treatment of underlying acidosis cause * Renal 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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