

Rasmussen College MDC 2 Exam 2 Questions and Answers
(Verified Answers)

1. What is your first step when interpreting ABGs?: look at pH

ABG	pH	PaCO ₂	HCO ₃
Respiratory Acidosis	↓	↑	normal
Respiratory Alkalosis	↑	↓	normal
Metabolic Acidosis	↓	normal	↓
Metabolic Alkalosis	↑	normal	↑

2. What acid-base imbalance would you expect to see in an asthm
: Respiratory acidosis



3. Common causes of Respiratory Acidosis: *COPD*

- *asthma*
- *muscle weakness*
- inadequate chest expansion
- pneumonia
- pulmonary edema



sleep apnea

respiratory depression r/t: drugs, alcohol, anesthesia, electrolyte imbalance

high ICP

4. S/S of Respiratory Acidosis

(acidosis has similar s/s no matter if met. or resp.): *Vital Signs, think LOW & SLOW*

bradycardia, thready weak pulses

hypotension

hypoxia

Electrolyte Imbalance

hyperkalemia

Skin

pale, cyanotic

CNS Depression, think LOW & SLOW

lethargy

confusion

stupor

coma

headache



learnexams

Musculoskeletal, think LOW & SLOW

hyporeflexia

muscle weakness

flaccid paralysis

Cardiac

heart dysrhythmias (due to hyperkalemia)

increased cardiac output

EKG changes - tall T waves, wide QRS, prolonged PR interval

5. Treatment for Respiratory Acidosis: *stabilize airway (patent)*

bronchodilators

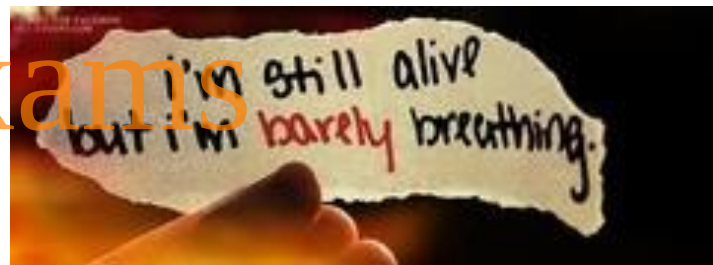
O₂

Pulmonary hygiene (positioning and breathing/coughing techniques)

Suction PRN

If on ventilation, increase ventilation rate.

Endotracheal intubation



For underlying causes:

Correct electrolyte balance (hyperkalemia)

Antibiotics (if it's infection)

is?: increase

6. What does your body do to compensate for respiratory acidosis

respirations to increase pH

