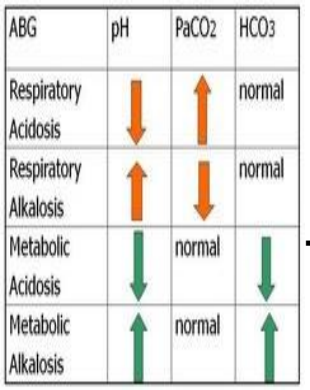
Rasmussen College MDC 2 Exam 2 Questions and Answers

(Verified Answers)

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



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

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)*

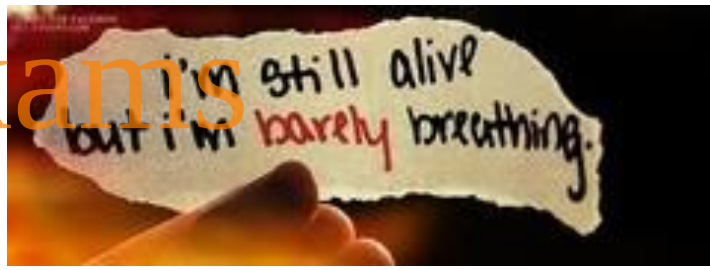
bronchodilators

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 acidos

respirations to increase pH