

# EXHALE ACADEMY CSE CHEAT SHEET #18

## ABG PATTERN RECOGNITION

### STEP 1: pH

- Low pH = acidemia.
- High pH = alkalemia.
- Normal pH with abnormal CO<sub>2</sub>/HCO<sub>3</sub> may be compensated.
- Severe low pH is a danger sign.

### STEP 2: PaCO<sub>2</sub>

- High PaCO<sub>2</sub> causes respiratory acidosis.
- Low PaCO<sub>2</sub> causes respiratory alkalosis.
- Rising PaCO<sub>2</sub> with falling pH = ventilatory failure.
- Normalizing PaCO<sub>2</sub> during severe asthma can be bad if the patient is tiring.

### STEP 3: HCO<sub>3</sub>

- Low HCO<sub>3</sub> supports metabolic acidosis.
- High HCO<sub>3</sub> supports metabolic alkalosis or compensation.
- Chronic CO<sub>2</sub> retainers may have elevated HCO<sub>3</sub>.
- Treat the underlying metabolic cause while supporting ventilation as needed.

### OXYGENATION

- PaO<sub>2</sub> and SpO<sub>2</sub> tell oxygenation, not ventilation.
- Hypoxemia with high FiO<sub>2</sub> suggests shunt/severe V/Q problem.
- P/F ratio helps grade oxygenation severity.
- Add PEEP/CPAP when oxygen alone is not enough.

### ACTION PATTERNS

- Acute respiratory acidosis -> improve ventilation.
- Chronic compensated COPD -> controlled oxygen and monitor.
- Metabolic acidosis -> support ventilation, treat cause.
- Severe hypoxemia -> oxygen/PEEP and treat underlying disease.

### EXHALE MEMORY LINE

**pH tells danger. CO<sub>2</sub> tells ventilation. HCO<sub>3</sub> tells metabolic/compensation. PaO<sub>2</sub> tells oxygenation.**