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alkalosis metabolik

DEFINISI ALKALOSIS METABOLIK

Alkalosis metabolik adalah suatu keadaan yang Menggambarkan individu yang mengalami atau berisiko tinggi untuk mengalami suatu ketidakseimbangan asam-basa yang berhubungan dengan kelebihan bikarbonat atau kehilangan ion hydrogen

Alkalosis adalah kondisi di mana cairan tubuh melebihi batas. Ini bertentangan dengan acidosis, di mana tubuh kekurangan cairan. Yang disebabkan oleh limpa dan ginjal mengatur acid tubuh. Karbondiosida berkurang atau bicarbonat meningkat levelnya membuat tubuh juga bersifat alkali, kondisi ini disebut alkalosis.

KRITERIA :

• PH lebih besar dari 7,45 pada pasien tidak terkompensasi

• PaCo2 normal sampai pasien hipoventilasi untuk mengkompensasi alkalosis HCo3 lebih besar dari 26.

ETIOLOGI

Penyebab alkalosis antara lain:

alkalosis yang responsif terhadap klorida paling sering terjadi pada kontraksi volume ekstrasel akibat muntah- muntah , pengisapan nasogastrik, dan diuretika. Konsentrasi klorida urin adalah kurang dari 10meq/L kecuali kalau pasien masih memakan suatu diuretika.

alkalosis yang resisten- klorida paling sering akibat keadaan kelebihan mineralokortikoid, yang mengakibatkan peningkatan pembentukan biokarbonat dan pembunagan kalium. Hipokalemia sering ditemukan : volume ekstraselnya normal atau mengembang. Konsentrasi klorida urine adalah lebih besar dari 20meq/ L.

alkalosis akibat pemberian alkali eksogen biasanya dapat dikoreksi dengan cepat dengan peningkatan ekskresi bikarbonat ginjal, tetapi terdapat sufisiensi ginjal, alkalosis dapat terjadi dan cukup berat sehingga membutuhkan dialysis.

Background

Respiratory alkalosis is one of many acid-base disorders found among critically ill patients. It is detected by ABG and electrolyte levels. To diagnose respiratory alkalosis or assess the severity of the condition, the physician must understand clinical acid-base balance. Alkalosis, by definition, is a pathologic state that causes or tends to cause an increase in blood pH. Hence, one can have an alkalosis with normal pH if compensation has occurred; alkalemia is defined as a blood pH above 7.44. The term respiratory in respiratory alkalosis refers to the primary respiratory mechanism responsible for the change.

Pathophysiology

Hypocapnia (low PCO_2) develops whenever CO_2 elimination by the lungs exceeds tissue production. One or more of 3 basic mechanisms usually underlie respiratory alkalosis (see image below).

Schematic presentation of pathophysiology of hyperventilation.

- Hypoxia
- Metabolic acidosis
- Direct CNS stimulation of respiration.

Compensation

In respiratory acid-base disturbances, changes in ventilation, and hence PCO_2, represent the primary disturbance, and compensation occurs by alterations in plasma bicarbonate.

In chronic respiratory alkalosis, increased urinary bicarbonate excretion resists the pH change caused by hypocapnia. This renal compensation begins within several hours and takes several days for the maximal response.

In acute respiratory alkalosis, an initial small decrease may occur in plasma bicarbonate concentration because of chemical mass action. Hypocapnia leads to increased formation of carbonic acid, to lowered plasma hydrogen ion concentration (alkalemia), and to concomitant reduced plasma bicarbonate concentration. This is quantitatively less profound than renal compensation and is not related to change in bicarbonate excretion.

Formulas for estimating appropriate compensation in simple respiratory alkalosis (limit of compensation is $[HCO_3]$ of approximately 15) include the following:

- Acute alkalosis - Change in pH = (change in PCO_2) X 0.08
- Chronic alkalosis - Change in pH = (change in PCO_2) X 0.003

History

- Patients primarily have clinical manifestations of the disorder causing the respiratory alkalosis; the effects of respiratory alkalosis per se are fewer.
- Acute respiratory alkalosis has more intense features than chronic respiratory alkalosis because later renal compensation and cellular adaptation minimize the pH change.
- Alkalosis, by promoting the binding of calcium to albumin, can reduce the fraction of ionized calcium in blood, causing tetany. Symptomatic hypocalcemia is more common with respiratory alkalosis than with metabolic alkalosis.
- Patients have symptoms of underlying disorders.
- Rapid decrease in PCO_2 can result in dizziness, mental confusion, and (rarely) seizures, even with a PO_2 that is within the reference range. This is probably due to the cerebral vasoconstriction caused by the hypocarbia.
- Patients may have tetany due to reduced ionized calcium in blood.

Physical

- Vital signs

The worsening outcome with the highest OR = 4,231 in acute stroke patients with blood gas analysis uncompensated respiratory alkalosis of acute stroke patients than normal blood gas analysis. Respiratory alkalosis is a significant predictor of worsening outcomes in patients with acute stroke. Respiratory alkalosis that occurs in acute stroke associated with increasingly poor neurological outcome. Penelitian dilakukan di bagian unit rekam medis untuk pasien yang masuk RSUP Dr. Sardjito yang mendapat perawatan diunit stroke maupun bangsal Saraf. Various study on the prognosis of acute stroke associated with respiratory pattern and blood gas analysis showed that hyperventilation, respiratory alkalosis, and high PH arterial blood gas analysis results associated with a poor prognosis. Research about respiratory alkalosis as a predictor of worsening clinical outcome in acute stroke has not been obtained in the literature with a study population of Indonesia. Sampling has done with a concecutive after it adapted to inclusion or exclusion criteria.The study was conducted at unit medical record for patients who on admission to Dr. Sardjito general hospital for treatingina strokeunitorneurologicalward. Hasil analisis bivariat dilanjutkan dengan analisis multivariate menggunakan analisis logistik regresi.Diperoleh jumlah sampelpasien stroke akut 110 orang dengan analisis gas darah alkalosis respiratorik sebanyak 55 orang dan normal sebanyak 55 orang. Kejadian perburukan outcome dengan OR paling tinggi = 4,231 pada pasien stroke akut dengan analisis gas darah alkalosis respiratorik tidak terkompensasi dibandingkan pasien stroke akut analisis gas darah normal. The resultsof multivariate analysisobtained respiratory alkalosis blood gas analysis have a significant odds ratio for worsening outcomes than other variables (OR= 345,003, p=0,000). Pengambilan sampel dilakukan berurutansetelah memenuhi kriteria inklusi maupun eksklusi. ed sisil¡Âna noc)setneicap 45(%6.08 le ³Âroepme odatluser le noc setneicap sol nE .airotaripser sisolacla ed amrof ne ergnas al ne sag led sisil¡Âna le ne adic¡Â esab al ed sonrotsart ed samelborp etnemlaicepse ,socid©Âm samelborp asuac odunem a oduga ralucsavorberec etnedicca IE .ocits³Ânorp lam nu noc sodaicosa ergnas al ne sesag ed sisil¡Âna ed lairetra Hp sotla Hp le y airotaripser sisolacla al ,n³Âicalitnevrepih al euq sodatluser sol rop sodinetbo ergnas al ne sesag ed sisil¡Âna y soirotaripser senortap noc naicosa es oduga ralucsavorberec etnedicca no ocits³Ânorp ed soidutse soiraV .) 000,0 = P ,986,6 -085,2 = %59 IC ,451,4 = o(ergnas al ne sesag ed lamron sisil¡Âna noc setneicap sol noc n³Âicarapmoc ne sodatluser sol ed otneimaroepme ed avitacifingis etnemacitsÂdatse aicnerefid anu y airotaripser sisolacla ed sesag ed sisil¡Âna noc)setneicap 45(%6.08 sodinetbo otneimaroepme ed sodatluser noc setneicap nE .)000,0 = p ,300.543 = o(selbairav sarto noc n³Âicarapmoc ne sodatluser seroep sol a sedadilibaborp ed avitacifingis n³Âicroporp anu neneit airotaripser sisolacla al ed ergnas ne sesag ed sisil¡Âna led sodatluser sol ,odinetbo odairavitlum sisil¡Âna le nE .airotaripser sisolacla al ed ergnas al ne sag led sisil¡Âna le ne socitalc¡Â sodic¡Â sol ed sonrotsart sol noc samelborp etnemlaicepse ,socid©Âm samelborp nasuac odunem a soduga soduga sotneimivom sol ,socinÂlc sodatluser sol ed oroireted ,serotciderp ,airotaripser sisolacIA :evalc sarbalaP .aisenodnI ne n³Âicagitsevni ed n³Âicalbop anu noc arutaretil rop odinetbo ah es on ralucsavorberec etnedicca ne socinÂlc sodatluser sol ed oroireted ed rotciderp nu omoc airotaripser sisolacla al erbos n³Âicagitsevni aL .ergnas al ne sesag ed lamron sisil¡Âna noc setneicap 55 y airotaripser sisolacIA ergnas ne sesag ed sisil¡Âna noc setneicap 55 noc stneitapekortsetuca foelmaS 011sodinetbo erpmeiS .acitsÂgol n³Âiserger noc odairavitlum sisil¡Âna led odiuges odairavib sisil¡Âna led sodatluseR .rotciderp .rotciderp nu se airotaripser sisolacla aL .)000,0 = P ,986,6-085,2 = %59 IC ,451,4 o(ergnas al ne sesag ed lamron sisil¡Âna noc n³Âicarapmoc ne sodatluser ed n³Âicirapa al a sovitacifingis setnerefid etnemacitsÂdatse y airotaripser sisolacla al ed ergnas al ne this means worsening outcomes in patients with acute stroke. The objectives of this study are to determine whether respiratory alkalosis is a predictor of worsening of the clinical outcome in acute stroke.This study uses a case-control design. The aim of the study was to determine whether respiratory alkalosis was a predictor of worsening of the clinical outcomes in acute stroke.The study used a case-control design. control.

dosis digitalis biasanya 0,125-0,25 mg sehari jika fungsi ginjal normal (pada lansia biasanya 0,25 mg) b. Diuretika Diuretika diberikan bila ada gagal jantung kanan. Pemberian yang berlebihan dapat menimbulkan alkalosis metabolik yang bisa memicu peningkatan hiperkapnia.

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