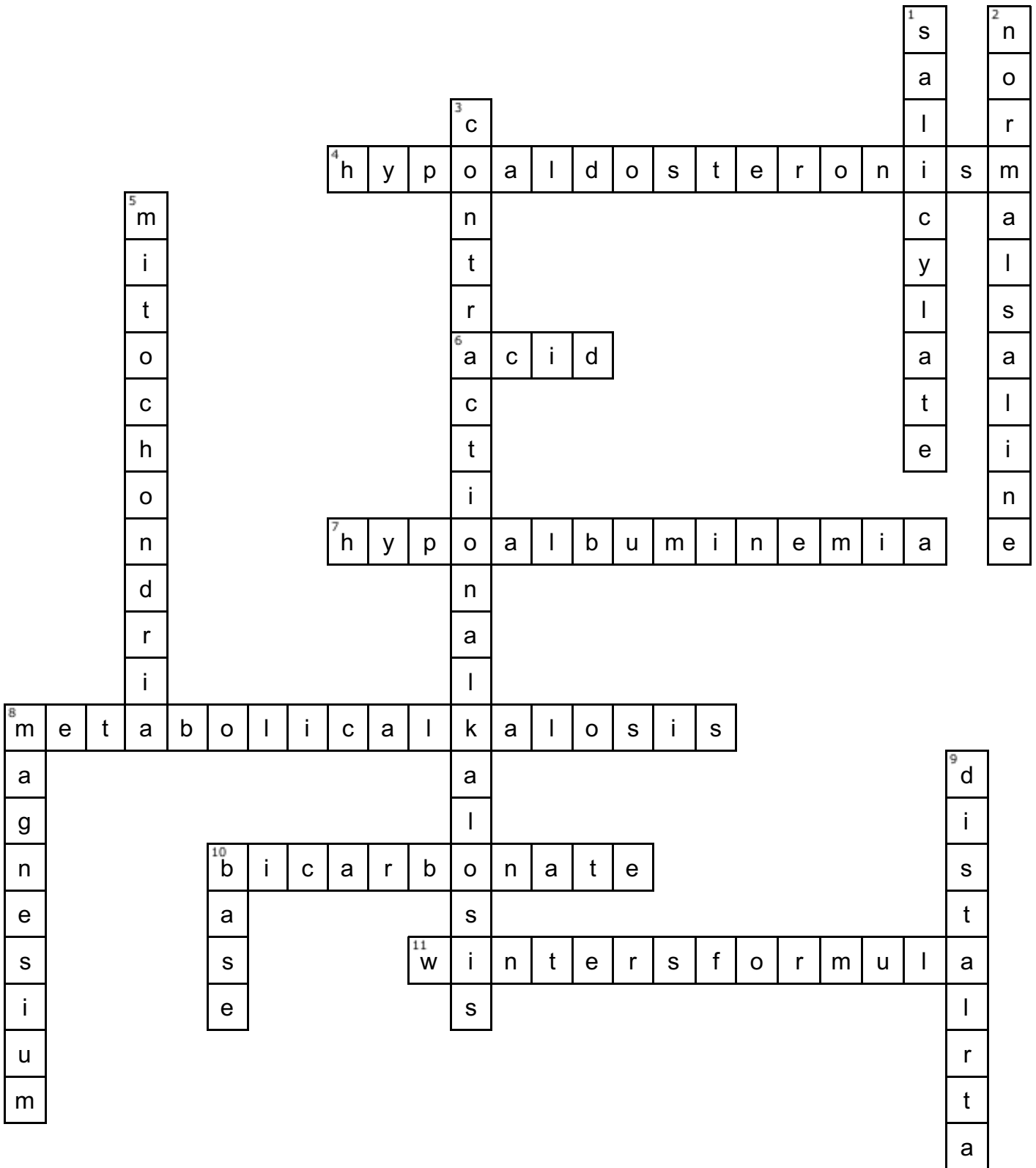


# Acid-Base Basics



## Across

- Mild hyperkalemia and decreased bicarbonate are seen in this condition. It may only show itself after insults like NSAIDs, ACEIs, or a high potassium diet are encountered.
- This must be buffered in the urine, or the pH and volume would not be compatible with life.
- This condition can narrow the (anion) gap. Please correct for me when calcium comes up later.

## Down

- In trying to provide relief, this compound can cause mixed acid-base disorders, giving nephrology students a headache.
- Fluid in: Expansion with this can bring about a hyperchloremic metabolic acidosis.
- No small issue, this condition can occur in those who vomit or have NG tubes placed so they do not.
- You may lose energy in metformin-induced lactic

**8.** Rapid correction of chronic hypercapnia with mechanical ventilation can lead to this metabolic abnormality.

**10.** Fluid out: Severe diarrhea causes loss of this ion, indirectly causing an increase in chloride and a drop in pH.

**11.** This cold approach offers a look at acidosis compensation.

acidosis when the drug directly inhibits parts of this organelle.

**8.** Deficiency in this ion increases the negative potential across distal membranes and can cause losses.

**9.** A far away effect of amphotericin treatment, this condition allows acid back in.

**10.** You should think highly of this compound's pH.