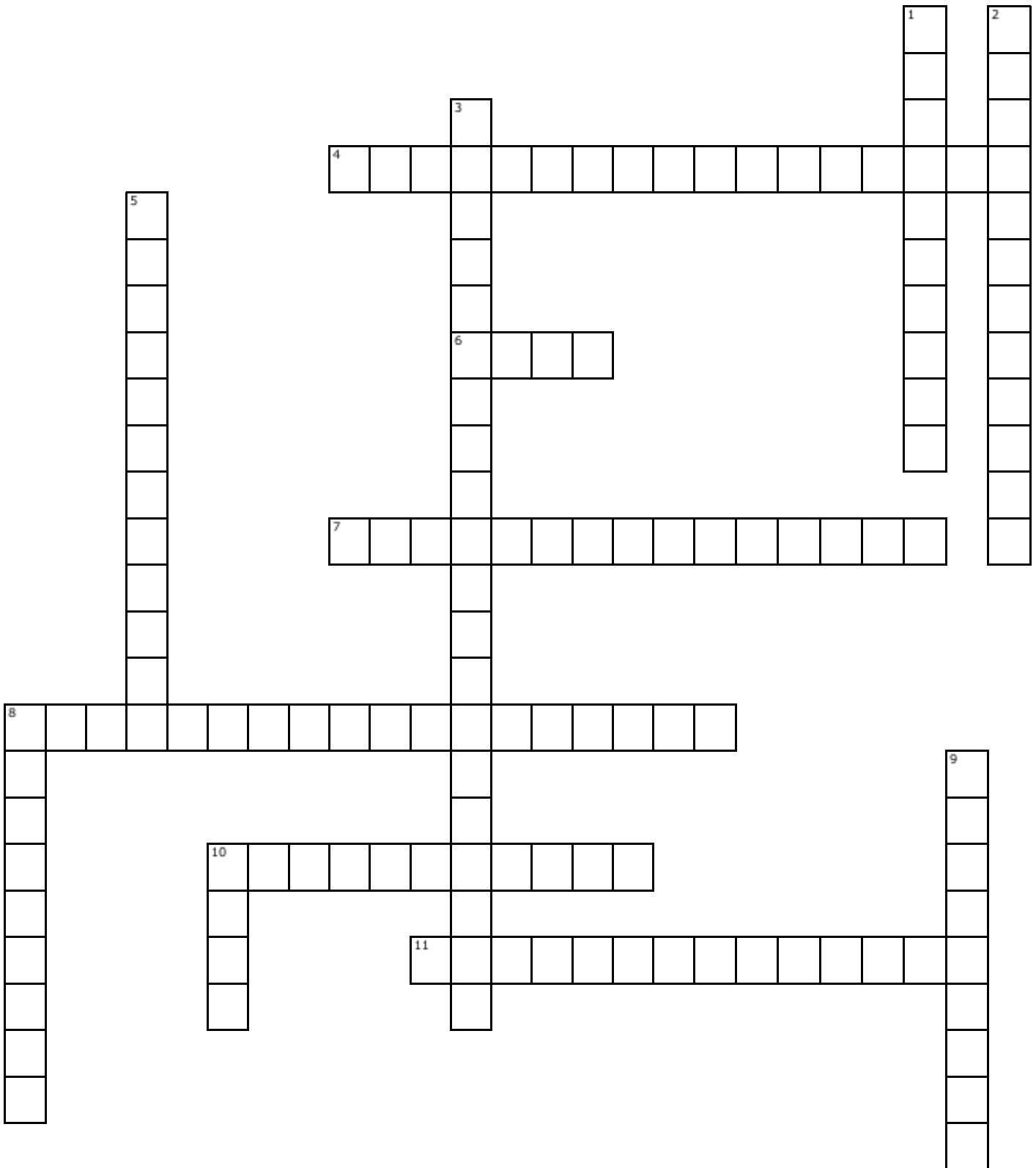


Acid-Base Basics



Across

4. 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.
6. This must be buffered in the urine, or the pH and volume would not be compatible with life.
7. This condition can narrow the (anion) gap. Please correct for me when calcium comes up later.

Down

1. In trying to provide relief, this compound can cause mixed acid-base disorders, giving nephrology students a headache.
2. Fluid in: Expansion with this can bring about a hyperchloremic metabolic acidosis.
3. No small issue, this condition can occur in those who vomit or have NG tubes placed so they do not.
5. 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.