

Corrected Sodium Calculator (DKA)

1st Glucose (mmol/L)	<input type="text"/>	2nd Glucose (mmol/L)	<input type="text"/>
1st Na (mmol/L)	<input type="text"/>	2nd Na (mmol/L)	<input type="text"/>

1st Corrected Na (mmol/L)

2nd Corrected Na (mmol/L)

Change in Corrected Na

MONITOR COMA SCORE
 Corrected Na should rise by about 5 mmol/L in 1st 8 hours of therapy. If coma score falls and corrected Na not rising assume cerebral oedema.
 Give **2-3 mls/kg of 3% saline** and note response :
 Level conciousness should improve over 10-15 minutes

Corrected Na should rise as glucose falls (failure of rise in Corrected Na = risk of cerebral oedema)
Expected rate of rise is about 5 mmol/L over first 8 hours of therapy. Follow TREND in Corrected Na

Corrected Na = Na + 0.4 ([Glucose] - 5.5) This is simplified adaptation of the Katz method (NEJM 1973; 289:843) which has a change in Na of 0.3 mmol/L per rmmol glucose change.

Acid Base Calculator

ENTER Cl (mmol/L)	<input type="text"/>
ENTER K (mmol/L)	<input type="text"/>
ENTER Albumin (g/dl)	<input type="text"/>
<hr/>	
ENTER pH	<input type="text"/>
ENTER pCO2 (kPa)	<input type="text"/>
ENTER Bicarb (mEq/L)	<input type="text"/>
ENTER Base Excess*	<input type="text"/>

* Base excess is negative for acidosis

Anion gap (with K)	Normal < 16 mEq/L
Albumin corrected anion gap	Normal < 16 mEq/L
Cl:Na ratio	≥ 0.80 = hyperchloraemia

Partitioned Base excess

Base excess due to chloride	= Na - Cl - 32
Base excess due to albumin	= 0.25 x (42 - Alb [g/dl])
Base excess from unknown anions	= SBE - (BEchloride + BEalb)

Negative partitioned BE values are acidifying
 Positive partitioned BE vaues are alkalinizing