

# /ABG

This page provides a **structure** as to how the results of an ABG may be **presented** to other clinicians. A clear, well explained presentation can impress tutors and show your **confidence** in the subject.

## Presenting ABG results

### Presentation structure

1. State that this is an ABG result
2. **Taken on** [time and date]
3. **From** [patient identifier] i.e. 74-year-old John Smith
4. Any relevant **history/examination** findings/**previous ABGs** i.e. known COPD
5. State **oxygenation status** and if any **supplemental oxygen** was used i.e. Type 2 respiratory failure with a  $P_aO_2$  of  $7.8kP_a$  and a  $P_aCO_2$  of  $6.4kP_a$ ; on 28% venturi mask.
6. Present your **acid-base findings** i.e. [acidaemia/alkalaemia] of [respiratory/metabolic] origin, with [no/partial/full] [respiratory/metabolic] compensation.
7. Any other **abnormal** findings or relevant **negative** results?
8. Likely **differentials?** -causes covered in the 'causes of disruption' page

### Example

"This is an **arterial blood gas sample** taken at **09:41 today** from **Mr David Franklin**, a **79-year-old** gentleman who presented this morning with **shortness of breath** at rest. He has a **background** of **heart failure** and on **auscultation** of the chest he has bibasal crackles.

It showed type one **respiratory failure** with a  $P_aO_2$  of  $10.3kP_a$  and a  $P_aCO_2$  of  $4.3kP_a$ ; on 15l/min oxygen via a **non-rebreathe** mask.

The **pH** was **normal**, and no other values with **abnormal**.

In **summary** this gentleman has type 1 respiratory failure, likely due to a acute decompensation of his pre-existing heart failure."