Classic Shunt Equation

6.

Given the following information, calculate the % shunt
 Hb 10 gm%, PB 750 torr, PaO₂ 80 torr, SaO₂ 92%, PvO₂ 36 torr, SvO₂ 65%
 PaCO₂ 40 torr, FiO₂ .40

 $\begin{aligned} &\text{CaO}_2 = (\text{Hbx1.34xSaO}_2) + (\text{PaO}_2 \text{x.003}) = (10\text{x1.34x.92}) + (80\text{x.003}) = 12.57 \\ &\text{CvO}_2 = (\text{Hbx1.34xSvO}_2) + (\text{PvO}_2 \text{x.003}) = (10\text{x1.34x.65}) + (36\text{x.003}) = 8.82 \\ &\text{PAO}_2 = [(\text{P}_B - 47)\text{xFio}_2] - (\text{PaCO}_2 \text{x1.25}) = [(750 - 47)\text{x.4}] - (40\text{x1.25}) = 231.2 \\ &\text{C\'{c}O}_2 = (\text{Hbx1.34}) + (\text{PAO}_2 \text{x.003}) = (10\text{x1.34}) + (231.2\text{x.003}) = 14.09 \\ &\frac{cc'O_2 - CaO_2}{Cc'O_2 - CvO_2} = \frac{14.09 - 12.57}{14.09 - 8.82} = \frac{1.52}{5.27} = .288 = 28.9\% \end{aligned}$

2. Given the following information, calculate the Physiological Deadspace (Vd). Vt 600 mL, $PaCO_2$ 55, P_ECO_2 44

$$V_d = \frac{PaCO_2 - PECO_2}{PaCO_2} \times V_t = \frac{55 - 44}{55} \times .600L = .12L \text{ or } 120 \text{ mL}$$

3. Given the following information, calculate the Vd/Vt ratio. PaCO₂ 49mm Hg, P_ECO₂ 30 mm Hg

$$\frac{V_d}{V_t} = \frac{PaCO_2 - PECO_2}{PaCO_2} = \frac{49 - 30}{49} = .39$$

- 4. Given an alveolar ventilation of 4 L/min and a cardiac output of 2 L/min, calculate the V/Q ratio.2
 - A. Is this a high, low or normal ratio? **HIGH**
 - B. What type of V/Q ratio is this? **DEADSPACE (RELATIVE)**
 - C. List a clinical situation that may cause this type of V/Q ratio. **HYPOTENSION**
- 5. Given an alveolar ventilation of 2 L/min and a cardiac output of 0 L/min, calculate the V/Q ratio. ∞
 - A. List a clinical condition that may cause this type of V/Q ratio. **Pulmonary Embolus**
 - B. Is this a high, low or normal ratio? HIGH
 - C. What type of V/Q ratio is this? TRUE DEADSPACE
- 7. Given an alveolar ventilation of 10 L/min and a cardiac output of 5 L/min, calculate the V/Q ratio. 2
 - A. Is this a high, low or normal ratio? HIGH
 - B. What type of V/Q ratio is this? **RELATIVE DEADSPACE**
- 8. Given a Vd/Vt ratio of 50% and a tidal volume of 400 mL, calculate:

- A. Physiologic Deadspace: 0.5 x 400 = 200 mL
- B. Alveolar Ventilation: 400 200 = 200 mL
- 9. Given a Vd/Vt ratio of 70% and a tidal volume of 600 mL, calculate:
 - A. Physiologic Deadspace: 0.7 x 600 = 420 mL
 - B. Alveolar Ventilation: 600 420 = 180 mL
- 10. Given the following information (PaCO₂ of 50 mmHg, PECO₂ of 34 mmHg and Tidal Volume of 600 mL), calculate:

A. Vd/Vt ratio
$$\frac{V_d}{V_c} = \frac{PaCO_2 - PECO_2}{PaCO_2} = \frac{50 - 34}{50} = .32$$

- B. Physiologic Deadspace .32 x 600 = 192 mL
- C. Alveolar Ventilation 600 192 = 408 mL
- 11. Given an alveolar ventilation of 0 L/min and a cardiac output (Qt) of 5 L/min, calculate the V/Q ratio. 0
 - A. What type of V/Q ratio is this? TRUE SHUNT
 - B. List three clinical conditions which could cause this type of V/Q ratio
 - I. Atelectasis
 - II. Pneumonia
 - III. ARDS
 - C. How would you treat this type of V/Q ratio? Alveolar recruitment
- 12. Given an alveolar ventilation of 2 L/min and a cardiac output of 6 L/min, calculate the V/Q ratio. 0.33
 - A. What type of V/Q ratio is this? **Shunt (relative)**
 - B. Give a clinical situation that may cause this type of V/Q imbalance **Pulmonary secretions**
 - C. How would you treat this type of V/Q imbalance? Maintain patent airway
- 13. You calculate a patient's shunt to be 30%.
 - A. What does this mean to you? **Elevated**
 - B. What is the normal shunt? 2 to 5%
- 14. Given an alveolar ventilation of 5 L/min and a cardiac output of 10 L/min, calculate the V/Q ratio. 0.5
 - A. What type of V/Q ratio is this? Relative Shunt

- B. What type of clinical situation would cause this type of V/Q imbalance? **Sepsis (Increased cardiac output)**
- 15. Given an alveolar ventilation of 0 L/min and a cardiac output of 0 L/min, what is the V/Q ratio? 0
 - A. What effect does this type of V/Q ratio have on a patient? **Death**
 - B. Name clinical conditions that may cause this type of V/Q imbalance.

 Significant unilateral disease with contralateral pulmonary embolus