

الـ blood volume (الحجم) من كل عناصر متـ electrolytes

الـ balance (الـ balance) أو يدخل الخلايا في عادي

ـ acid-base balance .. كمان بختلف على .. سـ acid والـ base metabolism ( العمليات الـ metabolism)

## ELECTROLYTES

are ions capable of carrying an electric charge (cations or anions)

The dietary requirements for electrolytes vary widely; some need to be Consumed only in small amounts.

Others, such as calcium, potassium and Phosphorus, are excreted continuously and must be ingested regularly to Prevent deficiency

They are involved in many processes:

- Volume and osmotic pressure (Na, K, Cl) ✓
- Myocardial rhythm and contractility (K, Mg, Ca)
- Cofactors in enzyme activation (Mg, Ca, Zn)
- Regulation of ATPase ion pump (Mg)
- Acid-base balance ( $\text{HCO}_3$ , K, Cl)
- Blood coagulation (Ca, Mg)
- Neuromuscular excitability (K, Ca, Mg)
- Production and use of ATP from glucose (Mg, PO<sub>4</sub>)

# WATER

كمية الماء بالجسم لوزن 70kg هي 42L وتقسم كالتالي:-

In a 70-kg man, the total body water is about 42L (60%), ICF(28L) and ECF (14 L, plasma (3.5 L) and interstitial fluid (10.5L))

Daily water intake is 1.5-2L

Women have lower water content than men (more fat)

Importance of water in human body:

Transport nutrient to the cells → glucose, amino acid

Determine cell volume by its transport into and out of cells

Remove waste products (urine) الإفرازات الفضلات

Body coolant (sweating) → بارد

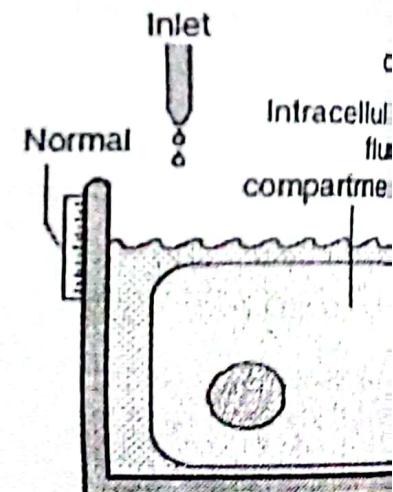


Fig 6.2 Water tank model compartments.

## WATER

لَا نَحْوِي ... Water, electro balance بـ... مـا حـكـيـا يـكـونـنـي hyperosmotic

- The concentration of ions inside the cells and in plasma is maintained by passive diffusion and active transport through ATPase-dependent ion pump *Carniey* ... يـدـلـهـنـ تـحـرـرـ الـمـاءـ الـكـهـلـيـهـ
- Most biological membranes are permeable to water but not ions

- Water and sodium output →

- Kidneys and gastrointestinal tract

- Sweat and expired air: about 1L daily

- Factors that affect the flow of water across the membrane *driving force*  $\rightarrow$  *concentration gradient*

- Ions and proteins at one side of the membrane

- Blood pressure → BP سـرـزـدـهـ اـدـ

لـمـا نـحـكـيـ اـنـوـ الـراـدـهـ مـارـعـدـتـمـسـقـيـ *hypotension* بـنـحـكـيـ اـنـوـ الـراـدـهـ زـادـ يـالـدـمـ ... دـلـونـ مـا يـجـلـعـ  $+Na$  مـنـاـ الـداـخـلـ لـمـا خـارـجـهـ

... hypertension ... hyper Volemia ... BP ... hypovolemia

واحد نازل خونها وبزيز الخونها ...  
excretion ... ميكانيزم ... augmentation ...  
Mechanism ... ميكانيزم ...

## CLINICAL FEATURES OF HYDRATION PROBLEMS

Table 6.1 The principal clinical features of severe hydration disorders

Feature	Dehydration	Overhydration
Pulse	Increased	Normal
Blood pressure	Decreased	Normal or increased
Skin turgor	Decreased	Increased
Glycocalyx	Soft/sunken	Normal
Mucous membranes	Dry	Normal
Urine output	Decreased	May be normal or decreased
Consciousness	Decreased	Decreased

# CONTROL OF WATER BALANCE

- تتحكم في حشرة الماء وكمية إخراج الماء
- Both intake and loss of water are controlled by osmotic gradient across cell membrane in the brain hypothalamic osmoreceptor centre →  
الحادي، زادت  $\text{Na}^+$  بذيل  $\text{osm}$  ...  $\text{osm}$   
يزداد  $\text{Na}^+$  ...  $\text{osm}$  ...  $\text{osm}$
  - These centres control thirst and secretion of antidiuretic hormone (ADH)=AVP (arginine vasopressin hormone) →  
عادي حالة تخلص الماء ...  $\text{osm}$  ...  $\text{osm}$  ...  $\text{osm}$
  - Thirst is the major defense mechanism against hyperosmolality and hypernatremia
  - Antidiuretic hormone: →  
يستخدم على الحالات التي تحتوي على كبار بالغين يكون مزدوج ضراوة الماء
  - Is polypeptide with  $t_{1/2}$  of 20 min
  - Synthesized by the hypothalamus and secreted by the posterior pituitary →  
يُنجز من ...  $\text{osm}$  ...  $\text{osm}$
  - 2% increase in osmolality lead to 4 times increase in ADH
  - Low blood pressure and severe hypovolemia stimulate ADH release
  - Stress due to vomiting, nausea and pain may increase ADH secretion
  - ADH act by increasing the reabsorption of water in cortical and medullary collecting tubules  
→ يرجع على هماي الـ reabsorb الـ lube بزيادة من دوار
- الصوديوم ، الناس الذي يتعرضا للحوادث مما يزيد  
هاد الماء ويزورون إذا كانوا يملأون الحسنه دبالـ الماء إذا لم يتم
- صلة لـ تـ سـ يـر --

# CONTROL OF WATER BALANCE

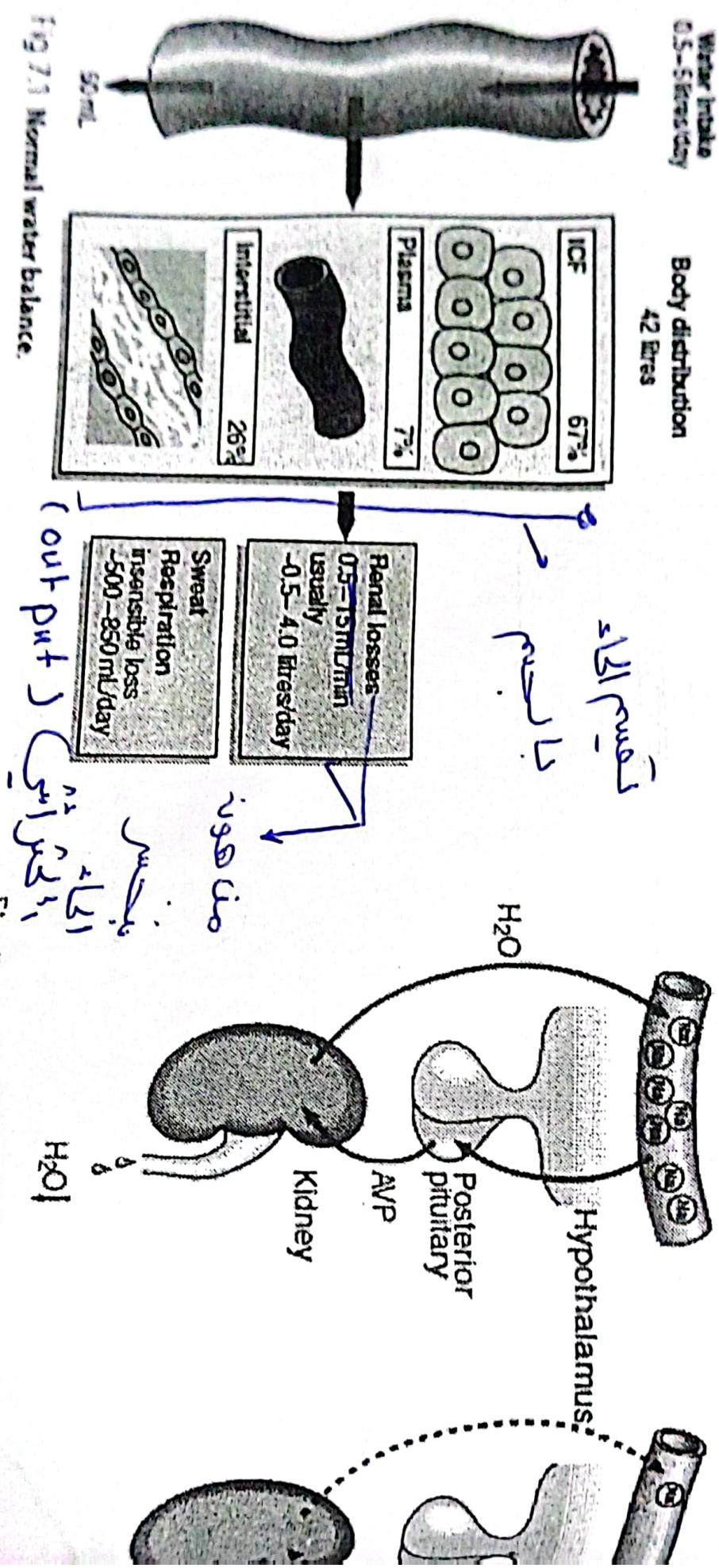


Fig 7.2 The regulation of water balance by AVP

# CONTROL OF WATER BALANCE

urine  $\rightarrow$  ADH  $\rightarrow$  osmolarity  $\downarrow$   $\rightarrow$  urine output

— Hypernatremia rarely occurs in a person with a normal thirst mechanism and access to water, it becomes a concern in:

- Older people
- Unconscious patients
- Infants
- Anyone who is unable to drink or ask for water.
- People who are older than 60 where osmotic stimulation of thirst progressively diminishes
- In the older patient with illness and diminished mental status, dehydration becomes increasingly likely example of the effectiveness of thirst in preventing dehydration
- A patient with diabetes insipidus (no ADH) may excrete 10 L of urine daily, but as water intake matches output, plasma sodium remains normal

## OSMOLALITY

Osmolality fell ... urea, glucose, sodium ←

- Physical property based on the conc. of solutes (in mmol) per kg of solvent (w/w). This affect different properties of solution as:
  - Freezing point depression sodium, urea, glucose
  - Vapor pressure decrease

- Increase in osmolality will induce secretion of ADH enzyme while decrease in osmolality will lead to turning off ADH secretion

Osmolal gap is the difference between the measured osmolality and the calculated osmolality

- Osmolar gap indirectly indicates the presence of osmotically active substances other than sodium, urea, or glucose, such as ethanol, methanol, ethylene glycol, lactate, or  $\beta$ -hydroxybutyrate.

Major خارجی بنایی اند  
کلکت کننا ایشان  
دسته بگونه ۳ فرم بلائم  
ارائه دهنده Calculated  
که می بازید  $(S=10)$   
دعا نسب مدل می کنند

جيس بالاتياد على Freeze من خلال ملحوظ  
عليه ملح عمان ندبيه . فتقل Freeze ... خبيث Paint  
differs different

## SIGNIFICANCE OF OSMOLALITY

## DETERMINATION OF OSMOLALITY

- Osmolality may be measured in serum or urine.
  - Plasma use is not recommended because osmotically active substances may be introduced into the specimen from the anticoagulant.
  - Samples must be free of particulate matter to obtain accurate results.
  - Turbid serum and urine samples should be centrifuged before analysis

# DETERMINATION OF OSMOLALITY

- Osmometers are standardized by NaCl solution, then the freezing point of the serum measured and this is compared to the calculated value as double of serum sodium according to the following 2 formulas:

$$2 \text{ Na} + \frac{\text{glucose (mg/dL)}}{20} + \frac{\text{BUN (mg/dL)}}{3}$$

$$1.86 \text{ Na} + \frac{\text{glucose}}{18} + \frac{\text{BUN}}{2.8} + \alpha \quad \text{Eq 15-11}$$

glucose, BUN  $\gamma$ , 140 ملليوں نیکس وے  
120 ملليوں نیکس وے مارچ  
gap (5m ... (280) ملليوں Major

میڈیا (1.86  $\times$  140) +  $\left( \frac{120}{18} \right) + \frac{\gamma}{2.8} + \alpha$   
~~میڈیا (1.86  $\times$  140) + ( 120 ) + 7 + α~~