**March 22**

9:30 - 10:15 Lecture 7 Dr. Singarajah – ABG

10:15 - 11:00 Lecture 8 Dr. Knobbe – Sleep

11:30 - 12:15 Lecture 9 Dr. Mathew – Pleural Effusions

**ABG Interpretation**

1. List the six steps in interpreting an ABG.

2. Understand how to tell which disorder is the *primary disorder* in a mixed acid-base disorder when the PaC02 and HC03 change in the same direction.

3. Describe the evaluation of a high anion gap acidosis and know several causes of high AG acidosis using the mnemonic GOLD MARRK. Understand the importance of correcting the anion gap for albumin and measuring a serum osmolal gap.

4. Describe the evaluation of a normal anion gap acidosis and list several causes. Describe the uses of the urinary anion gap and know when the urine anion gap is unreliable

5. Describe the evaluation metabolic alkalosis and list several causes.

**Sleep/OSA**

1. Describe the risk factors, and the signs and symptoms that would prompt an internist to consider the diagnosis of the sleep-related breathing disorders: obstructive sleep apnea and central sleep apnea.

2. Describe the increase in mortality and morbidities associated with undiagnosed or untreated OSA.

3. Describe the STOP-BANG questionnaire and how it helps to look for the diagnosis of sleep apnea. Understand its sensitivity and specificity for the diagnosis of OSA.

4. Describe the apnea-hypopnea index and how it relates to the diagnosis of OSA. Understand the indications for full-night and split-night polysomnography studies.

5. Describe the treatment strategies for OSA including lifestyle changes, positive airway pressure, and oral appliances. Know the indications for bariatric surgery in the treatment of OSA.

**Pleural Effusions**

1. Describe the symptoms and physical exam findings of a pleural effusion.

2. Describe the indications for thoracentesis.

3. Describe the appropriate tests to order to evaluate pleural fluid according to Light’s criteria, 2-test and 3-test rule.  Know how to determine if the fluid is transudative or exudative.

4. Describe the differential for transudative effusions and describe the evaluation that can help determine when a transudative effusion is falsely exudative (especially after diuretics have been given.)

5. Describe the differential for exudative effusions. Know the indications for chest tube drainage of exudative pleural effusions.