

Watson's Acid Base Worksheet page 3: Renal Tubular Acidosis Summary

Type	Location	Pathophysiology	NAGMA	UAG	Ur pH	FeHCO3	Serum K	Some Etiologies
I	Distal tubule	↓ distal H+ secretion	Severe HCO3=9-12	+	>5.3	<3%	↓	SLE, Sjogren's Hepatitis Nephrocalcinosis Amphotericin
II	Proximal	↓ proximal HCO3 reabsorption	Moderate HCO3= 12-16	±	variable (>5.3 after HCO3 load)	>15%	↓ or normal	Fanconi's Amyloid Myeloma Acetazolamide + Glucosuria
IV	Hypoaldo state	↓Aldo = ↑K = ↓NH3 = ↓Ur acid carrying	Mild HCO3=17-20	+	<5.3	<3%	↑↑	DM ACEI, ARBs Heparin Adrenal disorders TMP-SMX Sickle cell disease Calcineurin inhibitors K-sparing diuretics

**Clinical lab findings in Proximal RTA also include: low phosphorus, glucosuria