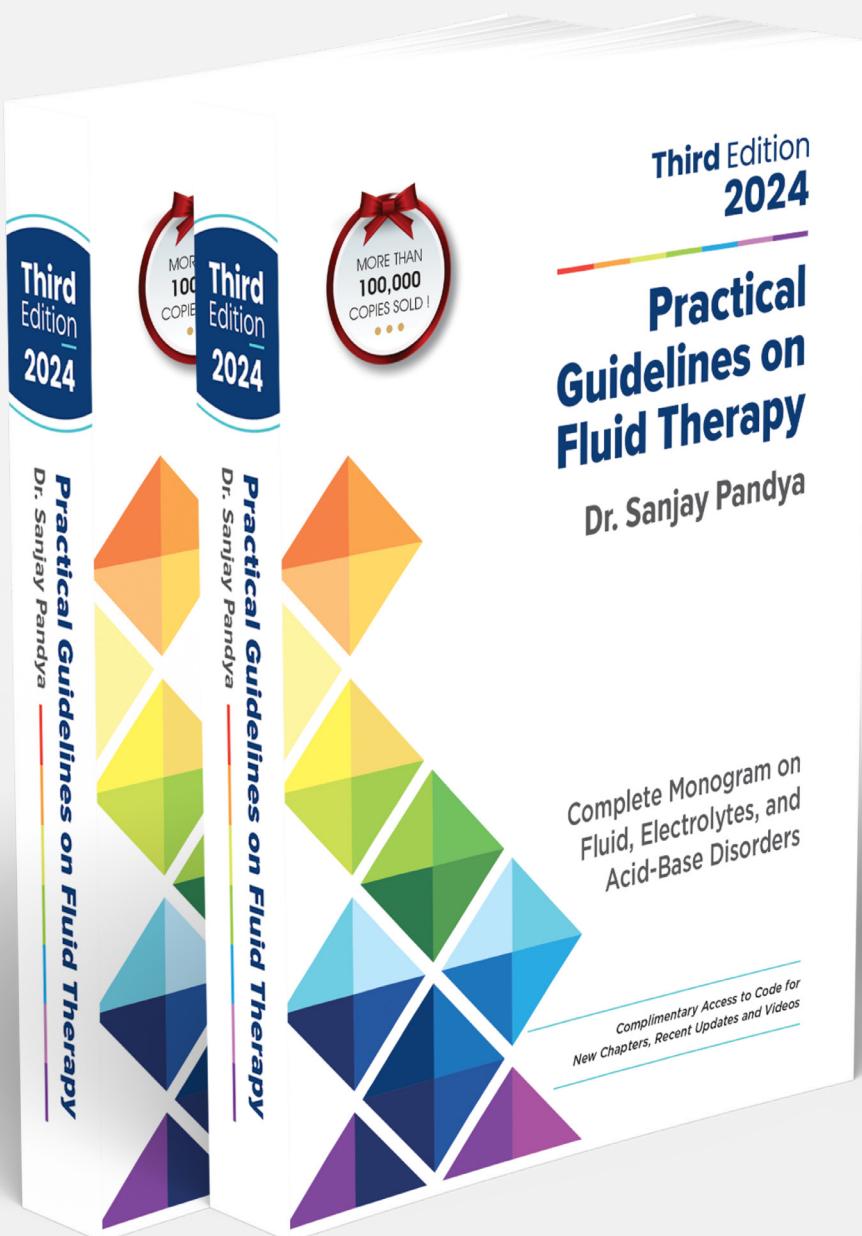




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## Chapter 14:

### Sodium Bicarbonate



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# 14

# Sodium Bicarbonate

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Sodium Bicarbonate ( $\text{NaHCO}_3$ ) injection is an alkalinizing agent used to correct metabolic acidosis, manage electrolyte imbalances, and in the treatment of severe diarrhea and poisoning.

## INJECTION SODIUM BICARBONATE

### COMPOSITION

#### Inj. 8.4% Sodium Bicarbonate

Each ml contains:

Sodium	1 mEq or mmol
Bicarbonate	1 mEq or mmol
Sodium	23 mg

Bicarbonate	61 mg
$\text{NaHCO}_3$	84 mg
Osmolarity	2000 mOsmol/L

#### Inj. 7.5% Sodium Bicarbonate

Each ml contains:

Sodium	0.89 mEq or mmol
Bicarbonate	0.89 mEq or mmol
$\text{NaHCO}_3$	75 mg
Osmolarity	1786 mOsmol/L

#### Inj. 4.2% Sodium Bicarbonate

Each ml contains:

Sodium	0.5 mEq or mmol
Bicarbonate	0.5 mEq or mmol
$\text{NaHCO}_3$	42 mg
Osmolarity	1000 mOsmol/L

**Table 14.1 Sodium bicarbonate solutions: different strengths and composition**

Strength	4.2% $\text{NaHCO}_3$		7.5% $\text{NaHCO}_3$			8.4% $\text{NaHCO}_3$				
Volume (mL)	1.0	500	1.0	10	25	50	1.0	10	25	50
Sodium (mEq)	0.5	250	0.89	8.9	22.5	44.5	1.0	10	25	50
Bicarbonate (mEq)	0.5	250	0.89	8.9	22.5	44.5	1.0	10	25	50
Osmolality	1000 mOsm/L		1786 mOsm/L			2000 mOsm/L				

Electrolyte contents and osmolality of different strengths and volumes of solutions are summarized in Table 14.1.

## PHARMACOLOGICAL BASIS

The administration of sodium bicarbonate intravenously dissociates in the body

to form sodium and bicarbonate. Bicarbonate anions act as a buffer and correct metabolic acidosis by combining with hydrogen ions ( $\text{HCO}_3^- + \text{H}^+ = \text{H}_2\text{CO}_3^-$  carbonic acid). In addition, by increasing pH and shifting potassium intracellularly, bicarbonate corrects hyperkalemia.

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## REFERENCES

1. Kraut JA, Madias NE. Treatment of acute metabolic acidosis: a pathophysiologic approach. *Nat Rev Nephrol.* 2012;8(10):589–601.
2. Forni LG, Hodgson LE, Se Iby NM. The Janus faces of bicarbonate therapy in the ICU: not sure! *Intensive Care Med.* 2020;46(3):522–524.
3. Farkas J. Non-anion-gap metabolic acidosis (NAGMA) *PulmCrit* September 19, 2019 <https://emcrit.org/ibcc/nagma/#treatment>.
4. Sabatini S, Kurtzman NA. Bicarbonate therapy in severe metabolic acidosis. *J. Am. Soc. Nephrol.* 2009;20(4):692–695.
5. Adeva-Andany MM, Fernández-Fernández C, Mouriño-Bayolo D, et al. Sodium bicarbonate therapy in patients with metabolic acidosis. *ScientificWorldJournal.* 2014;2014:627673.
6. Boyd JH, Walley KR. Is there a role for sodium bicarbonate in treating lactic acidosis from shock? *Curr Opin Crit Care.* 2008;14(4):379–83.
7. Velissaris D, Karamouzos V, Ktenopoulos N, et al. The use of sodium bicarbonate in the treatment of acidosis in sepsis: a literature update on a long term debate. *Crit Care Res Pract.* 2015;2015:605830.
8. Ghauri S, Javaeed A, Mustafa K, et al. Bicarbonate therapy for critically ill patients with metabolic acidosis: a systematic review. *Cureus* 2019;11(3):e4297.
9. Achanti A, Szerlip HM. Acid-Base Disorders in the Critically Ill Patient. *Clin J Am Soc Nephrol.* 2023;18(1):102–112.
10. Rudnick MR, Blair GJ, Kuschner WG, et al. Lactic Acidosis and the Role of Sodium Bicarbonate: A Narrative Opinion. *Shock.* 2020;53(5):528–536.
11. Kimmoun A, Novy E, Auchet T, et al. Hemodynamic consequences of severe lactic acidosis in shock states: from bench to bedside. *Crit Care.* 2015;19(1):175.
12. Gehlbach BK, Schmidt GA. Bench-to-bedside review: treating acid-base abnormalities in the intensive care unit - the role of buffers. *Crit Care.* 2004;8(4):259–265.
13. Cooper DJ, Walley KR, Wiggs BR, et al. Bicarbonate does not improve hemodynamics in critically ill patients who have lactic acidosis: a prospective, controlled clinical study. *Ann Intern Med* 1990;112(7):492–498.
14. Mathieu D, Neviere R, Billard V, et al. Effects of bicarbonate therapy on hemodynamics and tissue oxygenation in patients with lactic acidosis: a prospective, controlled clinical study. *Crit Care Med* 1991;19(11):1352–1356.
15. Stacpoole PW, Wright EC, Baumgartner TG, et al. Natural history and course of acquired lactic acidosis in adults. *Am J Med.* 1994;97(1):47–54.
16. Kim HJ, Son YK, An WS. Effect of sodium bicarbonate administration on mortality in patients with lactic acidosis: a retrospective analysis. *PLoS One* 2013;8(6):e65283.
17. Ahn S, Kim YJ, Sohn CH, et al. Sodium bicarbonate on severe metabolic acidosis during prolonged cardiopulmonary resuscitation: a double-blind, randomized, placebo-controlled pilot study. *J Thorac Dis.* 2018;10(4):2295–2302.

18. Jaber S, Paugam C, Futier E, et al. Sodium bicarbonate therapy for patients with severe metabolic acidosis in the intensive care unit (BICAR-ICU): a multicentre, open-label, randomised controlled, phase 3 trial. *Lancet.* 2018;392(10141):31–40.
19. Zhang Z, Zhu C, Mo L, et al. Effectiveness of sodium bicarbonate infusion on mortality in septic patients with metabolic acidosis. *Intensive Care Med.* 2018;44(11):1888–1895.
20. Jung B, Martinez M, Claessens YE, et al. Diagnosis and management of metabolic acidosis: guidelines from a French expert panel. *Ann Intensive Care.* 2019;9(1):92.
21. Evans L, Rhodes A, Alhazzani W, et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. *Crit Care Med.* 2021;49(11):e1063–e1143.
22. Matyukhin I, Patschan S, Ritter O, et al. Etiology and management of acute metabolic acidosis: An Update. *Kidney Blood Press Res.* 2020;45(4):523–531.
23. Kitabchi AE, Umpierrez GE, Miles JM, et al. Hyperglycemic crises in adult patients with diabetes. *Diabetes Care.* 2009;32(7):1335–43.
24. Duhon B, Attridge RL, Franco-Martinez AC, et al. Intravenous sodium bicarbonate therapy in severely acidotic diabetic ketoacidosis. *Ann Pharmacother.* 2013;47(7–8):970–5.
25. Patel MP, Ahmed A, Gunapalan T, et al. Use of sodium bicarbonate and blood gas monitoring in diabetic ketoacidosis: A review. *World J Diabetes.* 2018;9(11):199–205.
26. Alfonzo A, Soar J, MacTier R, et al. Clinical practice guidelines. Treatment of acute hyperkalaemia in adults. UK Renal Association 2014.
27. Batterink J, Cessford TA, Taylor RAI. Pharmacological interventions for the acute management of hyperkalaemia in adults. *Cochrane Database of Systematic Reviews* 2015;10:CD010344.
28. Bianchi S, Aucella F, De Nicola L, et al. Management of hyperkalemia in patients with kidney disease: a position paper endorsed by the Italian Society of Nephrology. *J Nephrol.* 2019;32(4):499–516.
29. Palmer BF. Regulation of potassium homeostasis. *Clin J Am Soc Nephrol.* 2015;10(6):1050–1060.
30. Abuelo JG. Treatment of Severe Hyperkalemia: Confronting 4 Fallacies. *Kidney Int Rep.* 2017;3(1):47–55.
31. Sterns RH, Grieff M, Bernstein PL. Treatment of hyperkalemia: something old, something new. *Kidney Int.* 2016;89(3):546–554.
32. Gibler WB, Racadio JM, Hirsch AL, et al. Hyperkalemia: Advancing care in the emergency department and intensive care unit. Proceedings monograph: EMREG-International multidisciplinary Hyperkalemia Consensus Panel. 2018.
33. Blumberg A, Weidmann P, Shaw S, et al. Effect of various therapeutic approaches on plasma potassium and major regulating factors in terminal renal failure. *Am J Med.* 1988;85(4):507–12.
34. Rafique Z, Chouihed T, Mebazaa A, et al. Current treatment and unmet needs of hyperkalaemia in the emergency department. *Eur Heart J Suppl.* 2019;21(Suppl A):A12–A19.
35. Dépret F, Peacock WF, Liu KD, et al. Management of hyperkalemia in the acutely ill patient. *Ann. Intensive Care.* 2019;9(1):32.
36. Lindner G, Burdmann EA, Clase CM, et al. Acute hyperkalemia in the emergency department: a summary from a kidney disease: Improving Global Outcomes conference. *Eur J Emerg Med.* 2020;27(5):329–337.
37. Rossignol P, Legrand M, Kosiborod M, et al. Emergency management of severe hyperkalemia guidelines for best practice and opportunities for the future. *Pharmacol Res.* 2016;113(Pt A):585–591.
38. Farkas J. pH-guided fluid resuscitation & BICAR-ICU PulmCrit June 27, 2018. <https://emcrit.org/pulmcrit/bicar-icu/>.
39. Neumar RW, Otto CW, Link MS, et al. Part 8: adult advanced cardiovascular life support: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation.* 2010;122(18 Suppl 3):S729–67.
40. Dybvik T, Strand T, Steen PA. Buffer therapy during out-of-hospital cardiopulmonary resuscitation. *Resuscitation.* 1995;29(2):89–95.
41. Vukmir RB, Katz L, Sodium Bicarbonate Study Group. Sodium bicarbonate improves outcome in prolonged prehospital cardiac arrest. *Am J Emerg Med.* 2006;24(2):156–61.
42. Kawano T, Grunau B, Scheuermeyer FX, et al. Prehospital sodium bicarbonate use could worsen long term survival with favorable neurological recovery among patients with out-of-hospital cardiac arrest. *Resuscitation.* 2017;119:63–69.
43. Velissaris D, Karamouzos V, Pierrickos C, et al. Use of sodium bicarbonate in cardiac arrest: Current Guidelines and Literature Review. *J Clin Med Res.* 2016;8(4):277–283.
44. Hoffman JR, Votey SR, Bayer M, et al. Effect of hypertonic sodium bicarbonate in the treatment of moderate-to-severe cyclic antidepressant overdose. *Am J Emerg Med.* 1993;11(4):336–41.
45. Woolf AD, Erdman AR, Nelson LS, et al. Tricyclic antidepressant poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clin Toxicol (Phila).* 2007;45(3):203–33.
46. Bruccoleri RE, Burns MM. A Literature Review of the Use of Sodium Bicarbonate for the Treatment of QRS Widening. *J. Med. Toxicol.* 2016;12(1):121–9.
47. Sasyniuk BI, Jhamandas V. Mechanism of reversal of toxic effects of amitriptyline on cardiac Purkinje fibers by sodium bicarbonate. *J Pharmacol Exp Ther.* 1984;231(2):387–94.
48. Yartsev A. Tricyclic antidepressant overdose. Deranged Physiology 12/07/2015. <https://derangedphysiology.com/main/required-reading/pharmacology-and-toxicology/Chapter%20521/tricyclic-antidepressant-overdose>.
49. Mirrakhimov AE, Ayach T, Barbaryan A, et al. The Role of Sodium Bicarbonate in the Management

- of Some Toxic Ingestions. *Int J Nephrol.* 2017;2017:7831358.
50. Sawhney R, McCullough PA. A commentary on treatment of tricyclic antidepressant overdose. *J Clin Toxicol* 2019;9(2):410.
  51. Bradberry SM, Thanacoody HK, Watt BE et al. Management of the cardiovascular complications of tricyclic antidepressant poisoning: role of sodium bicarbonate. *Toxicological Reviews* 2005;24(3):195–204.
  52. Kellum JA, Lameire N, Aspelin P, et al. Kidney Disease: Improving Global Outcomes (KDIGO) Acute Kidney Injury Work Group. KDIGO Clinical Practice Guideline for Acute Kidney Injury. *Kidney Int Suppl.* 2012;2(1):1–138.
  53. Merten GJ, Burgess WP, Gray LV, et al. Prevention of contrast-induced nephropathy with sodium bicarbonate: a randomized controlled trial. *JAMA* 2004;291(19):2328–34.
  54. Briguori C, Airoldi F, D'Andrea D, et al. Renal Insufficiency Following Contrast Media Administration Trial (REMEDIAL): a randomized comparison of 3 preventive strategies. *Circulation* 2007;115(110):1211–7.
  55. Recio-Mayoral A, Chaparro M, Prado B, et al. The reno-protective effect of hydration with sodium bicarbonate plus N-acetylcysteine in patients undergoing emergency percutaneous coronary intervention: the RENO Study. *J Am Coll Cardiol* 2007;49(12):1283–8.
  56. Navaneethan SD, Singh S, Appasamy S, et al. Sodium bicarbonate therapy for prevention of contrast-induced nephropathy: a systematic review and meta-analysis. *Am J Kidney Dis.* 2009;53(4):617–627.
  57. Zhang B, Liang L, Chen W, et al. The efficacy of sodium bicarbonate in preventing contrast-induced nephropathy in patients with pre-existing renal insufficiency: a meta-analysis. *BMJ Open.* 2015;5(3):e006989.
  58. Brown JR, Pearlman DM, Marshall EJ, et al. Metaanalysis of individual patient data of sodium bicarbonate and sodium chloride for all-cause mortality after coronary angiography. *e Am J Cardiol.* 2016;118(10):1473–1479.
  59. Pisani A, Riccio E, Andreucci M, et al. Role of reactive oxygen species in pathogenesis of radiocontrast-induced nephropathy. *Biomed Res Int.* 2013;2013:868321.
  60. Weisbord SD, Gallagher M, Jneid H, et al. Outcomes after angiography with sodium bicarbonate and acetylcysteine. *N Engl J Med* 2018;378:603–614.
  61. Valette X, Desmeules I, Savary B, et al. Sodium bicarbonate versus sodium chloride for preventing contrast-associated acute kidney injury in critically ill patients: a randomized controlled trial. *Critical Care Medicine* 2017;45(4):637–644.
  62. Zapata-Chica CA, Bello Marquez D, Serna-Higuita LM, et al. Sodium bicarbonate versus isotonic saline solution to prevent contrast-induced nephropathy: a systematic review and meta-analysis. *Colomb Med (Cali).* 2015;46(3):90–103.
  63. Acute kidney injury: prevention, detection and management. NICE guideline [NG148] 18 December 2019. <https://www.nice.org.uk/guidance/ng148>.
  64. Patschan D, Buschmann I, Ritter O. Contrast-Induced Nephropathy: Update on the use of crystalloids and pharmacological measures. *Int J Nephrol.* 2018;2018:5727309.
  65. Davenport MS, Perazella MA, Yee J, et al. Use of intravenous iodinated contrast media in patients with kidney disease: Consensus statements from the American College of Radiology and the National Kidney Foundation. *Radiol.* 2020;294(3):660–668.
  66. Rudnick MR, Palevsky PM, Forman JP. Prevention of contrast-induced acute kidney injury associated with angiography. UpToDate 2020 <https://www.uptodate.com/contents/prevention-of-contrast-induced-acute-kidney-injury-associated-with-angiography>.
  67. Proudfoot AT, Krenzelok EP, Vale JA. Position Paper on urine alkalinization. *J Toxicol Clin Toxicol* 2004;42(1):1–26.
  68. Mawer GE, Lee HA. Value of forced diuresis in acute barbiturate poisoning. *Br Med J.* 1968;2(5608):790–793.
  69. Roberts DM, Buckley NA. Enhanced elimination in acute barbiturate poisoning - a systematic review. *Clin Toxicol (Phila).* 2011;49(1):2–12.
  70. Mactier R, Laliberté M, Mardini J, et al. Extracorporeal treatment for barbiturate poisoning: recommendations from the EXTRIP Workgroup. *Am J Kidney Dis.* 2014;64(3):347–58.
  71. O'Malley GF. Emergency department management of the salicylate-poisoned patient. *Emerg Med Clin North Am* 2007;25(2):333–46.
  72. Juurlink DN, Gosselin S, Kielstein JT, et al. Extracorporeal treatment for salicylate poisoning: systematic review and recommendations from the EXTRIP workgroup. *Ann Emerg Med.* 2015;66(2):165–81.
  73. Palmer BF, Clegg DJ. Salicylate Toxicity *N Engl J Med* 2020;382(26):2544–55.
  74. Coiffier B, Altman A, Pui CH, et al. Guidelines for the management of pediatric and adult tumor lysis syndrome: an evidence-based review. *J Clin Oncol* 2008;26(16):2767–78.
  75. Wilson FP, Berns JS. Onco-nephrology: tumor lysis syndrome. *Clin J Am Soc Nephrol.* 2012;7(10):1730–1739.
  76. Jones GL, Will A, Jackson GH, et al. British Committee for Standards in Haematology. Guidelines for the management of tumour lysis syndrome in adults and children with haematological malignancies on behalf of the British Committee for Standards in Haematology. *Br J Haematol.* 2015;169(5):661–71.
  77. Howard SC, Jones DP, Pui C. The Tumor Lysis Syndrome. *N Engl J Med* 2011;364(19):1844–1854.
  78. Matuszkiewicz-Rowinska J, Malyszko J. Prevention and treatment of tumor lysis syndrome in the era of onco-nephrology progress. *Kidney Blood Press Res.* 2020;45(5):645–660.
  79. Conger JD, Falk SA. Intrarenal dynamics in the pathogenesis and prevention of acute urate

- 
- nephropathy. *J Clin Invest.* 1977;59(5):786–93.
80. Ron D, Taitelman U, Michaelson M, et al. Prevention of acute renal failure in traumatic rhabdomyolysis. *Arch Intern Med* 1984;144(2):277–80.
81. Bosch X, Poch E, Grau JM. Rhabdomyolysis and acute kidney injury. *N Engl J Med.* 2009;361(1):62–72.
82. Somagutta MR, Pagad S, Sridharan S, et al. Role of bicarbonates and mannitol in rhabdomyolysis: a comprehensive review. *Cureus* 2020;12(8):e9742.
83. Homsi E, Barreiro MF, Orlando JM, et al. Prophylaxis of acute renal failure in patients with rhabdomyolysis. *Ren Fail.* 1997;19(2):283–8.
84. Huerta-Alardín AL, Varon J, Marik PE. Bench-to-bedside review: Rhabdomyolysis - an overview for clinicians. *Crit Care* 2005;9(2):158–69.
85. Scharman EJ, Troutman WG. Prevention of kidney injury following rhabdomyolysis: A systematic review. *Ann Pharmacother* 2013;47(1):90–105.
86. Chavez LO, Leon M, Einav S, et al. Beyond muscle destruction: a systematic review of rhabdomyolysis for clinical practice. *Crit Care.* 2016;20(1):135.
87. Michelsen J, Cordtz J, Liboriussen L, et al. Prevention of rhabdomyolysis-induced acute kidney injury - A DASA/IM/DSIT clinical practice guideline. *Acta Anaesthesiol Scand.* 2019;63(5):576–586.
88. Farkas J. Fluid selection & pH-guided fluid resuscitation. *PulmCrit (EMCrit)* June 27, 2019 <https://emcrit.org/pulmcrit/fluid/>.

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