NaHCO3 in ED: To Use or To Pause?

NaHCO3 in Metabolic Acidosis



ICU patients (N=389) with: pH <7.20, HCO3<20mmol/L, pCO2 <45mmHg

Excluded RESPIRATORY ACIDOSIS, KETOACIDOSIS, STAGE IV CKD, urinary and digestive loss of of HCO3-

NaHCO3 has no effect for 28-day mortality and organ failure

In AKI KDIGO Stage 2 or 3:

✓ Improved survival

Reduced need for RRT



Trial was not powered for AKI subgroup analysis (N= 182). Hence requires further confirmation in RCT.

Trial conducted in ICU, focusing on critically ill, intubated, AKI patients. Findings may not be directly generalizable to early ED presentation.

So... Should we use NaHCO3 in patient with Metabolic Acidosis?

YES and NO!

Think before
NaHCO3 push!
Check the patient's
criteria before you act.

NaHCO3 in Arrest!

Routine use of NaHCO3
NOT RECOMMENDED

in cardiac arrest.

(AHA 2023 Focused Update on Adult ACLS)

No new evidence that routine administration of NaHCO3 improves outcome.

May worsen survival and neurological recovery.

Use of NaHCO3 in Hyperkalemia and drug overdose.



NaHCO3 in Sepsis

Surviving Sepsis Campaign 2021

For adult with septic shock and hypoperfusion- induced lactic academia, suggest against using NaHCO3 to improve hemodynamics or reduce vasopressor use.

Septic shock pH <7.2, AKIN Score 2 or 3, suggest to use NaHCO3 therapy

Now you know where this is from (Hint: BICAR-ICU Trial)





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