

## Respiratory FAQ's

### Chapter 1

#### Stability of alveoli x2

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| The terminal bronchioles are the smallest airways without alveoli   |  |  |
| The conducting airways constitute the anatomical dead space   |  |  |
| Anatomical dead space is about 10 ml/kg   |  |  |
| The portion of the lung distal to the terminal bronchus is called the acinus  |  |  |
| The volume of the respiratory zone is about 7 L   |  |  |
| During inspiration the volume of the thoracic cavity increases due to relaxation of the diaphragm and constriction of the intercostal muscles |  |  |
| Airflow to the level of the terminal bronchioles is by bulk flow  |  |  |
| In the respiratory zone diffusion is the dominant mechanism of ventilation  |  |  |
| Inhaled dust frequently settles in the trachea  |  |  |
| How long does a red cell spend in a normal capillary  |  |  |

## Chapter 2 Ventilation

Dead space / Dead space and lung volumes / Lung volumes x3

Pressure changes in inspiration and expiration

Regional differences in ventilation and blood flow x12

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| A normal total lung capacity is about 7 litres                                      |  |  |
| Total lung capacity plus residual volume = vital capacity                           |  |  |
| Normal alveolar ventilation is about 5 l/ min                                       |  |  |
| Normal pulmonary blood flow is about 5 l/min  |  |  |
| A spirometer can be used to measure the RV and the FRC                              |  |  |
| The anatomic dead space is the same as the physiologic dead space                   |  |  |
| The dependant portion of the lung is better ventilated than the non dependant areas |  |  |
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### Chapter 3 Diffusion

#### Perfusion/diffusion limited diffusion x3

#### Gas transfer across capillaries

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| What is Fick's law  |  |  |
| Oxygenation of blood depends on the lung volume, alveolar thickness, the amount of O <sub>2</sub> carried by the arterial blood |  |  |
| What is the thickness of a normal alveolus  |  |  |
| The diffusion constant is dependant of the tissue and the property of the gas   |  |  |
| The diffusion constant is proportional to the solubility and the molecular weight of the gas                                    |  |  |
| CO <sub>2</sub> diffuses 20x faster than O <sub>2</sub> because it has a smaller molecular weight                               |  |  |
| NO <sub>2</sub> is perfusion limited because it is about equally soluble in the blood gas barrier as it is in blood             |  |  |
| CO is diffusion limited because ....  |  |  |
| O <sub>2</sub> is diffusion limited in normal situation because it binds so well to Hb  |  |  |
| Diffusion limitation may be seen in a patient with a thickened alveolus   |  |  |
| Exercise does not result in diffusion limitation in a normal subject  |  |  |
| The rate of reaction of CO <sub>2</sub> and O <sub>2</sub> with Hb is a cause of perfusion limitation                           |  |  |
| Diffusion is only dependant on the alveolar membrane  |  |  |

Chapter 4 blood flow and metabolism

Pulmonary circulation x3

Pulmonary vasc resistance

Non resp functions of the lung

Erythropoetin – function, sources and control of secretion

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| The pulmonary arteries run with the bronchi to the level of the terminal bronchioles   |  |  |
| The pulmonary capillary bed is a set of discrete capillaries running in parallel, like street parking                                      |  |  |
| The pulmonary mean pressure is about 15  |  |  |
| The pre and post cap pressures are..   |  |  |
| Pulmonary arteries are very muscular   |  |  |
| The smooth muscle in the walls of the extra alveolar vessels constrict and increase resistance with histamine, serotonin and noradrenaline |  |  |
| The main drop in pulmonary pressure is just prior to the capillary bed   |  |  |
| The average pulmonary capillary pressure is about equal to atmospheric pressure  |  |  |
| As arterial or venous pressure increase the pulmonary vascular resistance increases to protect the lung from pulmonary oedema              |  |  |
| Lung volume has no effect on the resistance of the intraalveolar circulation   |  |  |
| When standing on your head the pulmonary blood flow to the apex is less than the base of the lung  |  |  |
| With exercise regional differences in perfusion are increased  |  |  |
| The difference in pressure between the top and bottom on the lung is about 12 mmHg   |  |  |
| In the top of a normal lung $PA > pa > pv$   |  |  |
| In the middle of a normal lung venous pressure has no effect of blood flow   |  |  |
| Hypoxic vasoconstriction depends on CNS and O <sub>2</sub> content of pulmonary arteriolar blood   |  |  |
| At high altitude there is generalised pulmonary vasodilation to assist in improving ventilation  |  |  |
| The lung is responsible for inactivating a number of vasoactive peptides including angiotensin and bradykinin                              |  |  |
| The lung synthesises surfactant components and mucopolysaccharides   |  |  |

Chapter 5 ventilation perfusion relationships

Alveolar gas equation x3

Effects of posture on V/Q ratio

Physiologic shunts in the lung

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|---|--|--|
| What is the alveolar gas equation   |  |  |
| Alveolar O <sub>2</sub> varies +/- 20mmHg with respiration                        |  |  |
| What are the 2 mains groups of causes of hypoventilation                          |  |  |
| A shunt is blood that enters the arterial system without going thru the lungs     |  |  |
| Give 3 Example's of shunts  |  |  |
| CO <sub>2</sub> is generally elevated in people with shunts                       |  |  |
| Supplemental oxygen will increase the O <sub>2</sub> sat in a person with a shunt |  |  |
| List the 4 causes of hypoxia  |  |  |
| At a high v/q the co <sub>2</sub> will be 50                                      |  |  |
| Ventilation and blood flow are both highest at the base of the lung               |  |  |
| The Va/Q is steady across the height of the lung                                  |  |  |
| In a normal person the A-a difference is about 40 mmHg                            |  |  |
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Chapter6  
 CO2 transport x5  
 O2 dissociation curve x2  
 O2 transport  
 Resp response to acidosis x2

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| How is O2 carried in the blood   |  |  |
| How is CO2 carried in the blood  |  |  |
| For an O2 saturation of 75%, the PO2 is about 40 which is approx normal venous blood                           |  |  |
| Normal Hb is composed of an iron-porphyrin compound joined to 4 protein globulin chains                        |  |  |
| The ferrous ion can be oxidised to ferric by nitrites, sulphonamides and acetanilid to result in methemoglobin |  |  |
| O2 saturation is defined as...   |  |  |
| Oxygenated Hb is the tense form conformationally   |  |  |
| O2 concentration of blood = $(1.39 \times \text{Hb gm/lxsat}/100) + .003\text{PO}_2$                           |  |  |
| The O2 affinity of Hb is increased acidosis, heat, increase 23DPG  |  |  |
| The bohr effect is ...   |  |  |
| 23dpg is an end product of red cell metabolism and is increased in chronic hypoxia                             |  |  |
| P 50 is about 27mmHg   |  |  |
| How is CO2 carried in the blood  |  |  |
| CO2 is dissolved in the blood at 0.03mmole/l   |  |  |
| Co2 is converted to bicarb only in the blood cells where there is plenty of carbonic anhydrase                 |  |  |
| H+ rapidly diffuses out of the cell down an electrical gradient  |  |  |
| Chloride enters the cell by a process know as the Haldane effect   |  |  |
| Deoxygenation of the hemoglobin increases its capacity to carry H+   |  |  |
| CO2 is carried by the terminal amine group of blood proteins, albumin is the most important of these           |  |  |
| Carbamino compounds are the most import way that CO2 is carried in the blood                                   |  |  |
| The CO2 curve is very straight compared to the O2 curve  |  |  |
| The a-v difference of CO2 is about 50 mmHg   |  |  |
| Bicarb and CO2 are controlled mainly by the  |  |  |

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| kidney   |  |  |
| Whenever the CO <sub>2</sub> rises the bicarb must also rise in a pure AB disorder |  |  |
| Ph 7.25 CO <sub>2</sub> 60 bic 28 suggests what sort of AB disorder                |  |  |
| Ph 7.2 CO <sub>2</sub> 40 bic 15 suggests what sort of disorder                    |  |  |
| List causes of resp alkalosis  |  |  |
| List causes of metabolic acidosis  |  |  |
| List the four types of hypoxia and explain   |  |  |

Chapter7

Alveolar surface tension and surfactant

Regional differences in ventilation and blood flow x12

Factors affecting the work of breathing

Airway resistance x2

Compliance of lung and chest wall / Elastic properties of the lung x3

|   |  |  |
|---|--|--|
| The diaphragm is supplied by T345   |  |  |
| The diaphragm normally moves 1 cm with gentle resp and 5 cm with forced resp  |  |  |
| External intercostals contract and increase the lateral and the AP diameter of the chest                                |  |  |
| The internal intercostal prevent the ic spaces from bulging during staining and they assist in inspiration              |  |  |
| What is the role of surfactant  |  |  |
| The bass of the lung has a smaller resting volume and a larger change in volume than the apex                           |  |  |
| The intrapleural pressure ranges from 0 at the bottom to -3.5 cmH2O at the top  |  |  |
| poiseuilles law states that velocity of flow is proportional to radius and inversely proportional to density of the gas |  |  |
| Heliox has a lower density and has less turbulent air flow  |  |  |
| What is Reynolds number   |  |  |
| Draw the pressure/volume/flow graphs for normal breathing   |  |  |
| The major sites of airway resistance are the terminal alveoli because they are so narrows                               |  |  |
| Higher lung volumes increase the amount of airflow resistance   |  |  |
| Beta 1 agonists are found principally in the lung, uterus and   |  |  |
| The terminal portion of the flow volume curve is dependent on effort  |  |  |
| WOB   |  |  |
| Uneven ventilation  |  |  |

Chapter 8  
Control of ventilation x6  
Chemical control of breathing

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Chapter 9  
Effect of altitude on respiration x5  
Effects of exercise on ventilation x4

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Chapter 10  
Pulmonary function testing

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