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ATOTW 160. Respiratory physiology, 16/11/2009 Page 2 of 12 6. Gas transport in the blood a) there is about 15ml of oxygen per 100ml of oxygenated blood b) oxygen CO2 is mainly transported as carbamino compounds c) CO2 is carried best by oxygenated haemoglobin d) More oxygen is carried dissolved in blood than CO2

160 Respiratory physiology - part 2

RESPIRATORY PHYSIOLOGY \u25a0 Part 2 ANAESTHESIA TUTORIAL OF THE WEEK 160 16th November 2009 Dr Nadine Dobby Anaesthetic Registrar Dr Sarah Chieveley-Williams Consultant Anaesthetist University College London Hospital Correspondance to or QUESTIONS Before continuing, try to answer the following questions. The answers can be found at the end of the article ...

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CiteSeerX - Document Details (Isaac Councill, Lee Giles, Pradeep Teregowda): Before continuing, try to answer the following questions. The answers can be found at the end of the article, together with an explanation. 1. The oxyhaemoglobin dissociation curve is shifted to the left by: a) an increase in arterial PCO2 b) acidosis c) a decrease in 2,3 DPG d) carbon monoxide e) a fall in temperature 2.

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RESPIRATORY

This presentation describes various aspects of the regulation of tissue oxygenation, including the roles of the circulatory system, respiratory system, and blood, the carrier of oxygen within these components of the cardiorespiratory system. The respiratory system takes oxygen from the atmosphere and transports it by diffusion from the air in the alveoli to the blood flowing through the pulmonary capillaries. The cardiovascular system then moves the oxygenated blood from the heart to the microcirculation of the various organs by convection, where oxygen is released from hemoglobin in the red blood cells and moves to the parenchymal cells of each tissue by diffusion. Oxygen that has diffused into cells is then utilized in the mitochondria to produce adenosine triphosphate (ATP), the energy currency of all cells. The mitochondria are able to produce ATP until the oxygen tension or PO₂ on the cell surface falls to a critical level of about 4–5 mm Hg. Thus, in order to meet the energetic needs of cells, it is important to maintain a continuous supply of oxygen to the mitochondria at or above the critical PO₂. In order to accomplish this desired outcome, the cardiorespiratory system, including the blood, must be capable of regulation to ensure survival of all tissues under a wide range of circumstances. The purpose of this presentation is to provide basic information about the operation and regulation of the cardiovascular and respiratory systems, as well as the properties of the blood and parenchymal cells, so that a fundamental understanding of the regulation of tissue oxygenation is achieved.

This e-book will review special features of the cerebral circulation and how they contribute to the physiology of the brain. It describes structural and functional properties of the cerebral circulation that are unique to the brain, an organ with high metabolic demands and the need for tight water and ion homeostasis. Autoregulation is pronounced in the brain, with myogenic, metabolic and neurogenic mechanisms contributing to maintain relatively constant blood flow during both increases and decreases in pressure. In addition, unlike peripheral organs where the majority of vascular resistance resides in small arteries and arterioles, large extracranial and intracranial arteries contribute significantly to vascular resistance in the brain. The prominent role of large arteries in cerebrovascular resistance helps maintain blood flow and protect downstream vessels during changes in perfusion pressure. The cerebral endothelium is also unique in that its barrier properties are in some way more like epithelium than endothelium in the periphery. The cerebral endothelium, known as the blood-brain barrier, has specialized tight junctions that do not allow ions to pass freely and has very low hydraulic conductivity and transcellular transport. This special configuration modifies Starling's forces in the brain microcirculation such that ions retained in the vascular lumen oppose water movement due to hydrostatic pressure. Tight water regulation is necessary in the brain because it has limited capacity for expansion within the skull. Increased intracranial pressure due to vasogenic edema can cause severe neurologic complications and death.

Discusses basic principles, applied physiology, and physiology of pulmonary disease. Includes pregnancy and infants, high altitude and flying, exercise, and sleep.

Nunn's Applied Respiratory Physiology.

Mechanical ventilation is an essential life-sustaining therapy for many critically-ill patients. As technology has evolved, clinicians have been presented with an increasing number of ventilator options as well as an ever-expanding and confusing list of terms, abbreviations, and acronyms. Unfortunately, this has made it extremely difficult for clinicians at all levels of training to truly understand mechanical ventilation and to optimally manage patients with respiratory failure. Mechanical Ventilation was written to address these problems. This handbook provides students, residents, fellows, and practicing physicians with a clear explanation of essential physiology, terms and acronyms, and ventilator modes and breath types. It describes how mechanical ventilators work and explains clearly and concisely how to write ventilator orders, how to manage patients with many different causes of respiratory failure, how to "wean" patients from the ventilator, and much more. Mechanical Ventilation is meant to be carried and used at the bedside and to allow everyone who cares for critically-ill patients to master this essential therapy.

Covering respiratory physiology, this is one in a series of texts which takes a fresh, unique approach to learning physiology in a systems-based curriculum. Each chapter includes clinical correlations, as well as questions that test students' ability to integrate information.

Present-day respiratory physiology stems largely from the explosion of ideas which took place during and after World War II. A number of the major players are still active, but the opportunity to prepare a personal history of this branch of medicine will soon be lost. In a sense then, this book offers an exceptional, even unique, opportunity. We are offered a first-hand chronicle of the advancements made in respiratory physiology in the course of this century by one of the principal figures in the field. The volume covers every aspect of the evolution of this important area of knowledge: morphology, gas exchange and blood flow, mechanics, control of ventilation, and comparative physiology. Some of the chapters are personal accounts of the development of respiratory physiology as observed by the author. It is hoped that what is lost in objectivity by this approach is more than made up by the captivating insights provided by the author into the process of scientific research and discovery.

The second edition of Susan J. Maclagan's A Dictionary for the Modern Flutist presents clear and concise definitions of more than 1,600 common flute-related terms that a player of the Boehm-system or

Baroque flute may encounter. It includes over 100 images as well as appendices on tuning, composition, baroque music, and recordings.

Applied Respiratory Physiology, Third Edition focuses on the applications of respiratory physiology and is designed to bridge the gap between applied respiratory physiology and the treatment of patients. This book is divided into two parts; the first of which is confined to general principles and the second deals with the various applied situations. This text is comprised of 29 chapters. After giving a general introduction to human respiratory physiology, including the functional anatomy of the respiratory tract, this book turns to the topic of the elastic resistance afforded by lungs and chest wall, along with its effect on the resting end-expiratory lung volume or functional residual capacity. The role of anesthesia in the control of breathing and the relative distribution of ventilation and perfusion are then examined. The section on artificial ventilation covers the techniques of ventilation and extracorporeal gas exchange. The reader is also introduced to special forms of lung pathology that have a major effect on lung function, including the adult respiratory distress syndrome, pulmonary oedema, embolus, and collapse. Sleep, smoking, diving, and drowning are also examined in this book. In addition, this text provides substantial coverage of exercise, high altitude, children, and neonates. This book will be of interest to clinicians and practitioners of applied respiratory physiology.

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