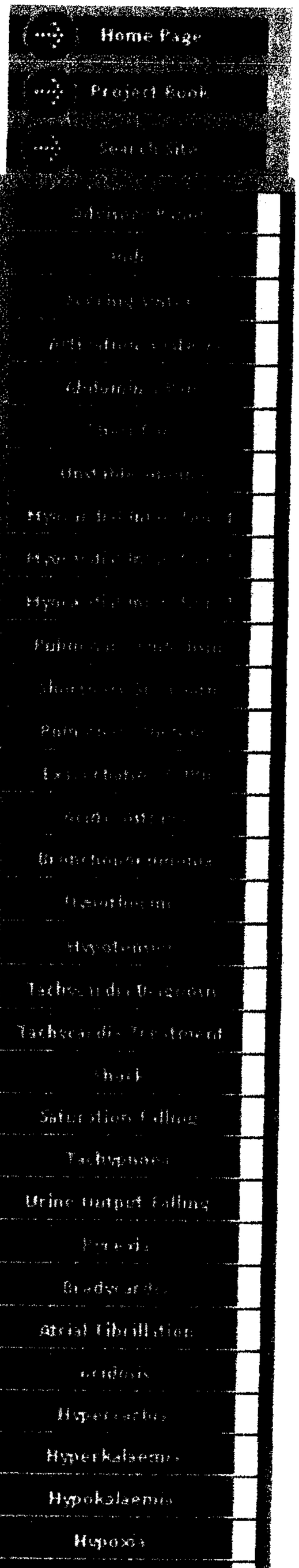
MET



Hyponatraemia

Diagnostic features

- Mild hyponatraemia is common if taking a diuretic
- Confusion and irritability occur with serum levels ~120mmol/L
- Coma, fits and death occur with serum levels ~110mmol/L
- Assessment of volume status helps diagnosis and manageme

Management

- **Exclude pseudohyponatraemia**. Lipaemic serum, hyperglyc and mannitol (et al) give a falsely low reading. Calculate the o [2 x (Na^+ + K^+) + urea + glucose] and compare with the measu osmolarity. Is there an ↑osmolar gap?
- **If coma or fits**. Start infusion of 0.9% sodium chloride ~500m hypertonic saline available. Give 1.8% sodium chloride at 70n Na^+/hr until serum sodium >120mmol/L
- **If volume depleted (dehydrated)**. Start 0.9% sodium chlorid Add colloid if hypotensive. Monitor urine output and CVP. Bev cardiac failure.
- **If not dehydrated**. For patients with SIADH restrict input to 8(1000ml/24hr. If Na^+ <125mmol/L and unresponsive to fluid res consider demeclocycline 300mg tds po. Seek expert help earl

The diagnosis of the cause of hyponatraemia and its management is a complex issue, requiring the early involvement of the appropriate consultants.

Adapted from Frimley Park Hospital guidelines

RF - FAMILY