

Minutes of the meeting of the CREST Sub-Group on the Management of Hyponatraemia in the Adult Patient, held on Friday 21 June 2002, at 2.30pm in the Conference Room, Annexe 4, Castle Buildings.

Present: Dr C Russell (Chairman)
Mrs R Devlin
Dr K Fitzpatrick
Dr P Flanagan
Dr G McVeigh
Dr A Montgomery
Dr T Trinick
Mr G Hannan (Secretariat)

Apology: Dr E Bergin

1. Introduction and apologies

Dr Russell welcomed those present. The apology was noted.

2. Minutes of the previous meeting

The minutes of the previous meeting, held on 24 April 2002, were accepted as an accurate record.

3. Causes and Management of Hyponatraemia

(i) *Flowcharts from individual members.*

Dr Russell thanked members for their contributions and opened discussions on the flowcharts received. After much debate, members agreed on the following:-

To use Dr Montgomery's chart as a basis for the final flowchart with parts of Dr Fitzpatrick's chart inserted. A number of amendments were agreed and these would be incorporated into a new flowchart, which would be disseminated to members for comment. (A copy of the flowchart will be inserted here in the minutes incorporating the amendments). It was also agreed to produce a second flowchart

containing information on symptoms, how much fluid to give and how quickly/how much to raise sodium levels by. It was agreed that the charts would be A3 size for ease of reference.

(ii) Narrative Sections

Members discussed the narrative sections received from Ms Devlin and Drs McVeigh and Trinick. After debate the following amendments were agreed:

Mrs Devlin's narrative

Title should read 'Hyponatraemia – A disorder of water balance which is potentially fatal.'

Amend 'Patients at risk' to 'Patients at Greater Risk'.

This column should now read:-

- Women
- Post-operative patients
- Psychiatric polydipsic patients
- Children
- Alcoholics
- Burns

Then continue the paragraph "The risk of Hyponatraemia...etc. Insert (Thiazides and SSRIs)" at the end of the paragraph.

Signs and Symptoms

6th line insert 'signs and' before symptoms.

Insert the following after this paragraph:

'Symptoms depend critically on rapidity of development and severity of hyponatraemia'.

'Acute hyponatraemia (< 48 hours) can cause cerebral oedema and requires rapid correction'.

'Chronic hyponatraemia (> 48 hours) may cause osmotic demyelation as a result of over rapid correction'.

Diagnosis

First line should read:

'Diagnosis involves history taking, a comprehensive clinical and physical examination'.

Treatment

Title should read 'Treatment Principles'.

Text should read 'Treatment of Hyponatraemia varies and depends on whether the patient is symptomatic or asymptomatic. Therapy will be determined by identifying and treating the cause.'

Dr McVeigh's narrative

Treatment Principles Asymptomatic Patients

Paragraph 2 should read 'In hypovolemic states ... etc'

Paragraph 4 should read 'SIADH patients are isovolemic ... etc'.

Treatment Principles Symptomatic Patients

Paragraph 2 amend 'Water' to 'Fluid' and 'fluid replacement' to 'hypotonic fluids'

Paragraph 3 to read 'Infuse hypertonic saline (3%) + 20mg Frusemide. Total fluid intake restricted to a maximum 1litre in 24 hours.

Paragraph 7 insert '(hypertonic saline)' after therapy.

Amend heading of 'DIAGNOSIS' to 'INFUSION GUIDELINES'

It was also agreed to insert in the narrative, common causes of SIADH and include reference to drugs including diuretics and cancer drugs.

4. The way forward

It was agreed that once all amendments had been made, the documents would be circulated to members for comment. Once the finalised document had been agreed, a meeting could be arranged when the first draft was produced by the printers.

Dr Russell indicated that the inclusion of an 'Audit Section' was imperative and members agreed to bear this in mind.