

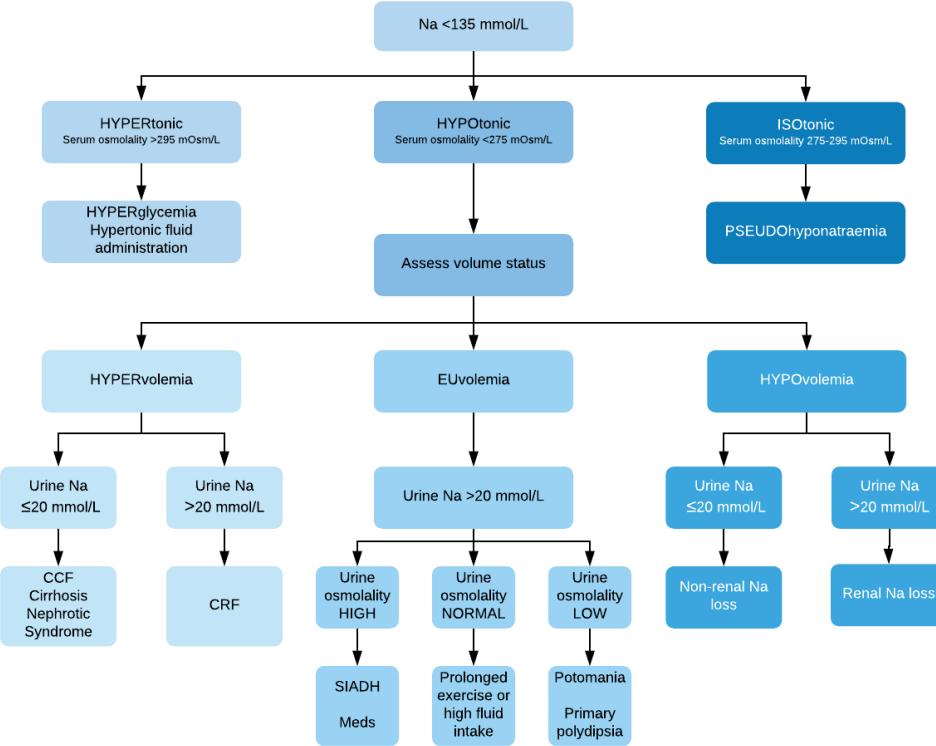


SCGH ED Adult Hyponatraemia Management Guidelines

Hyponatraemia Causes

Be aware of spurious causes of hyponatraemia: hyperglycaemia, hyperproteinaemia, hypercholesterolemia, lab error, collection error (IV fluid administration).

Investigations should be tailored, but **ALL** patients require a plasma osmolality, urine Na and urine osmolality.



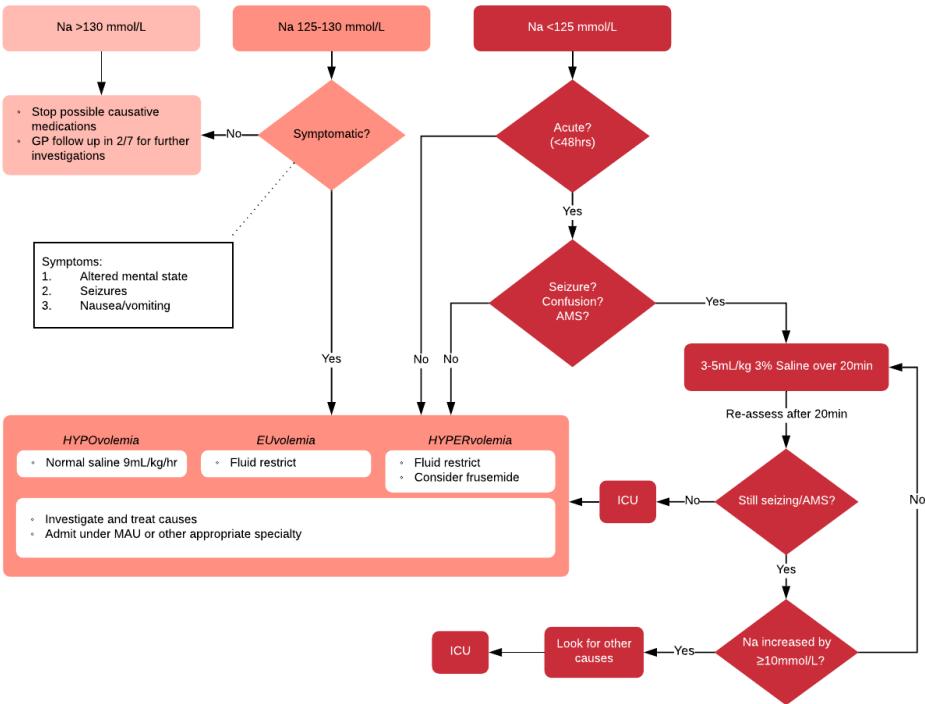
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Hyponatraemia Management

Avoid overcorrection.

Aim to increase by 2-3 mmol/L in the 1st hour, 6-8 mmol/L in 24 hours.



Example: 70kg targeting 3ml/kg 3% saline

Total volume of 3%	210mL
Na administered	108mmol
NaHCO ₃ resus equivalent	100mL (100mmol Na)

Na content in IV fluids

0.9% NaCl	154 mmol Na/L
CSL	131 mmol Na/L
3% NaCl	513 mmol Na/L
20% NaCl	3400 mmol Na/L
8.4% NaHCO ₃	1000 mmol Na/L

Making 3% saline: add 31mL of 20% NaCl to 250mL normal saline (total volume 281mL, total Na is 143.9mmol).

Dextrose solutions **DO NOT** contain Na and should be avoided in patients with hyponatraemia.

Regardless of cause, Na replacement should not exceed 10 mmol/L in the first 24 hrs, and 8 mmol/L/24 hrs for subsequent days until Na level is ≥ 130 mmol/L.