Patient Presents with Hyponatremia <130

Begin Workup
If <115 call Renal

Immediate Treatment
- 3% saline 2cc/kg up to 100 mls
- May repeat to maximum of 3 doses
- 3% OK peripherally until CVC is placed
- Labs and Foley

Patient Symptomatic?
Yes

Symptoms
- Seizures
- Comatose
- Severe AMS
- Respiratory Depression
- If mild symptoms consider Head CT to evaluate the extent of cerebral edema

Labs
- BMP
- Serum Osm & Uric Acid
- Urine Osm, electrolytes, creatinine, uric acid

Likely Causes of Hypertonicity
- Hyperglycemia
- ETOH
- Rarely ARF

Hypovolemia
- Decreased BP
- Increased HR
- Orthostasis
- Skin turgor
- IVC U/S
- CVP
- Dry Mucous Membranes

Send Labs:
- Foley
- Replete K only if <3.5 and symptomatic

Determine Tonicity (Serum Osm – Serum Urea)

Na rise >6mmol/L?
No

Patient Hypertonic?
Yes

Hold diuretic and psych meds
Treat underlying causes
Consider additional studies:
- TSH/T4, Upreg, ETOH, toxic alcohols, ADH, Cotisol, Chest X-ray

Patient Hypovolemic?
No

Severe Hypovolemia or shock?
Yes

Resuscitate with NS
Add mineralocorticoids as indicated

BMP
Yes

BMP Q1-2 hours

Sodium

No further ED intervention

Admit

Should have Renal on board. (If isolated hyponatremia, renal has first right of refusal)

Stat renal consult first
Consider:
- DDAVP
- D5W
- Lasix

Fluid Restrict

Disposition as appropriate

8-11-14