

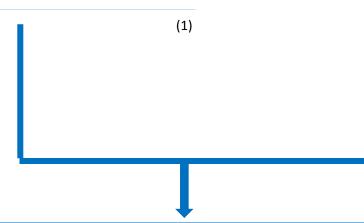
Condition	Treatment
Exercise-associated hyponatremia	Isotonic or hypertonic saline,
	depending on symptoms
Glucocorticoid deficiency	Steroid replacement therapy
Hypothyroidism	Thyroid replacement therapy
Low solute intake	Increase sodium intake
SIADH	Fluid restriction, consider vaptans
Nephrogenic SIADH	Fluid restriction, loop diuretics
SIADH secondary to medication use	Stop causative medication
(e.g., barbiturates, carbamazepine [Tegretol],	
chlorpropamide, diuretics, opioids,	
selective serotonin reuptake inhibitors,	
tolbutamide, vincristine)	
Water intoxication	Diuresis

❖ After Correction of all underlying causes Hyponatremia Deficit Calculation:

- Sodium deficit = Total body water % × weight in kg × (desired sodium actual sodium)
 For total body water %, use 0.6 for men and 0.5 for women
 Desired sodium=120 mEq/L
- 2. Amount needed to increase serum sodium level by 0.5 mEq/L/hr Total body water % × weight in kg × 0.5 mEq/L/hr
- 3. Infusion Rate of hypertonic(3%) saline solution (513mEq/L of Na)

$$\frac{(Total\ body\ water\ \%\times weight\ in\ kg\times 0.5mEq/L/hr)\times 1000}{513}$$

4. Total infusion Time (hrs) =
$$\frac{(Equation 1)}{(Equation 2)}$$



Vaptans indication

Short term use for hospitalized patient with hypervolemic or euovolemic hyponatremia associated with heart failure or syndrome of inappropriate ADH secretion with sodium

<125mEq/L

(5)(6)