

Always follow local guidelines and discuss with Senior if unsure
Especially patients with significant fluid / electrolyte losses or
those with co-morbidities such as Heart / Renal Failure

MILD: 130-134mmol/L
MODERATE: 125-129mmol/L
SEVERE: <125mmol/L

SIGNS AND SYMPTOMS

Mild Symptoms

- Headache
- Lethargy
- Dizziness
- Nausea
- Vomiting

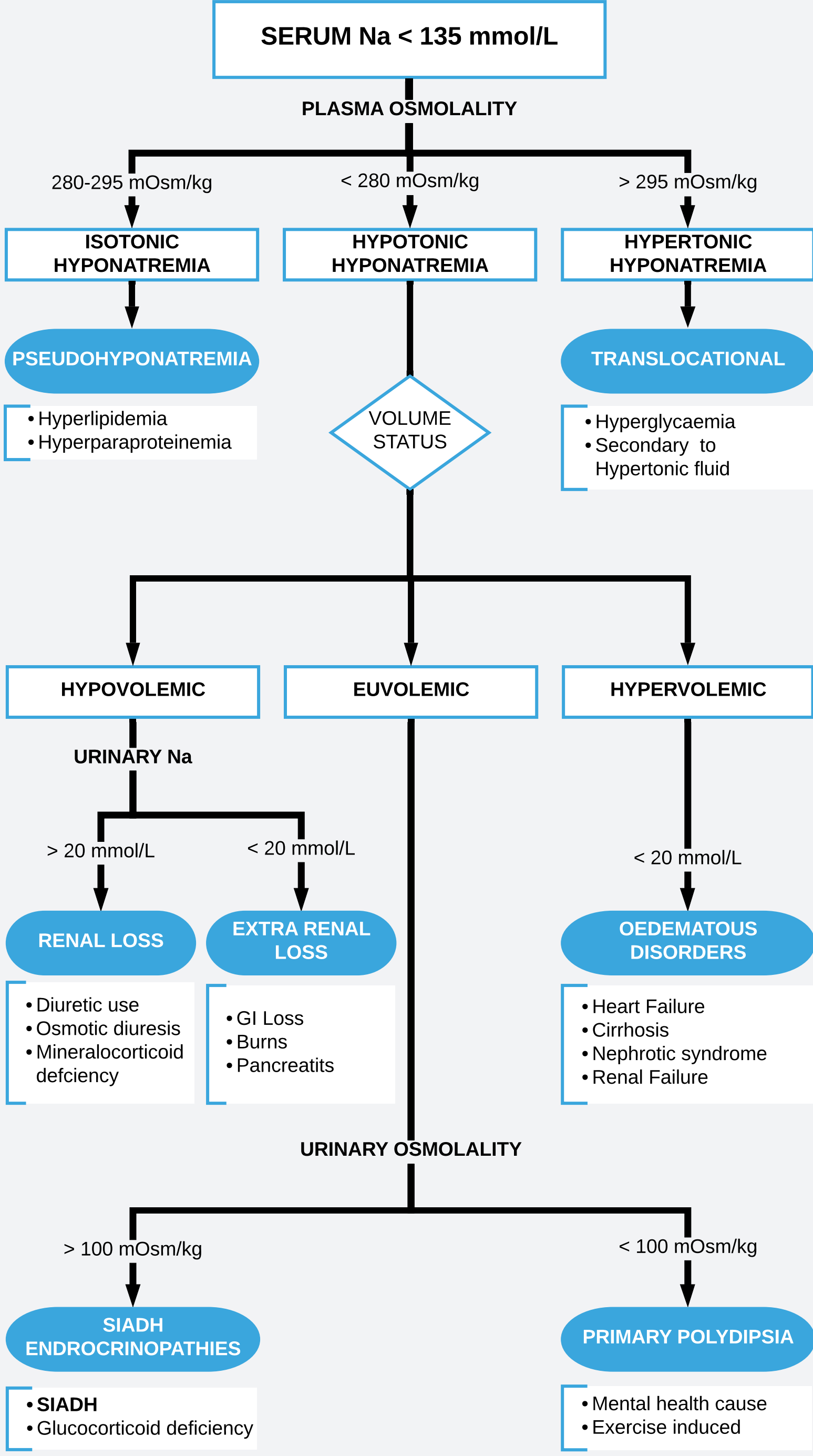
Mod / Severe Symptoms

- Weakness
- Confusion
- Ataxia
- Seizures
- Coma

If patients have Mod / Severe signs of Hyponatremia this is a **MEDICAL EMERGENCY** and you should contact your **SENIOR IMMEDIATELY - may require ITU care**

The following assessment and management is for Mild / Asymptomatic Hyponatremia only

CAUSES



CAUSES OF SIADH

Brain Injury:

- Traumatic brain injury
- CVA
- SAH
- Meningitis

Malignancy:

- Small-cell lung cancer

Endocrine:

- Hypothyroidism

Infection:

- Cerebral abscess
- Lung abscess
- Atypical pneumonia

Medications:

- SSRI
- Amitriptyline
- Carbamazepine
- Lisinopril
- Levodopa

* Not an exhaustive list

GENERAL MANAGEMENT

ISOTONIC HYPONATREMIA

Assess for lipid and protein levels, potential causes and treat cause:

- Hyperlipidemia - lifestyle - consider statin therapy / lifestyle modifications
- Hyperproteinemia - i.e. malignancy / multiple myeloma - Chemotherapy

HYPERTONIC HYPONATREMIA

Assess for hyperglycaemia, potential causes and treat cause:

- Diabetes esp DKA

Calculate corrected Serum Na - [Linked Calculator](#)

HYPOTONIC HYPONATREMIA HYPOVOLEMIC

Assess for cause of volume status and treat cause, consider:

- Isotonic saline
- Stop diuretic use
- Steroid replacement therapy for Addison's

HYPOTONIC HYPONATREMIA HYPERVOLEMIC

Assess for cause of volume status and treat cause, consider:

- Diuresis
- Fluid restriction
- Sodium restriction

HYPOTONIC HYPONATREMIA EUVOLEMIC

Assess for cause of volume status and treat cause, consider:

- Fluid restriction
- Medication change
- Treat underlying cause of SIADH

HYPERTONIC SALINE:

This requires specialist input and monitoring. Do not start this management, always discuss with Senior and gain expert help. ONLY used in SEVERE SYMPTOMATIC hyponatraemia irrespective of fluid status

ACUTE/CHRONIC HYPONATRAEMIA:

Do not correct by $\geq 10\text{mmol/L}$ per 24 hrs due to risk of central pontine myelinolysis

Always consult BNF for dose / administration and contraindications for all above medications