

Hypонатremia



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Causes

- *Include excessive fluid loss replaced by hypotonic fluids (diarrhoea, burns, prolonged exercise such as marathon running)*
- Polydipsia
- ecstasy ingestion
- syndrome of inappropriate antidiuretic (ADH) secretion
- nephrotic syndrome
- renal impairment
- hepatic cirrhosis
- cardiac failure
- prescription drugs (including diuretics, heparin, and ACEI).



Treatment

Acute hyponatremia (<24hrs)

- *Those with mild symptoms* can be effectively treated by fluid restriction.
- Patients who present with seizures or signs of raised ICP are at risk of death and require more aggressive treatment. Serum Na^+ $<120\text{mmol/L}$ is associated with risk of brain herniation.
- Give up to 200mL of 2.7% saline IV over 30min and recheck serum Na^+ levels.



Treatment

Chronic hyponatremia (>24hrs)

- Is associated with central pontine myelinolysis, particularly in patients with low K⁺ levels or alcoholic patients.
- Chronic hyponatraemia should be corrected no faster than 10mmol/L in 24hr. Treat the underlying cause.



Treatment

Chronic hyponatremia (>24hrs)

- This may be as simple as discontinuing a diuretic. Patients with cardiac failure, cirrhosis, or nephrotic syndrome (hypervolaemic patients) should be fluid-restricted.
- Severe hyponatraemia in association with seizures or low GCS may be cautiously treated with hypertonic saline (200mL of 2.7% saline over 30min and recheck serum Na⁺). Aim to increase serum Na⁺ by no more than 5mmol/L using this method.



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