

Acute Hyponatremia Flowchart

[Acute (<48 hours) Na⁺ <130mmol/L]

Clinical Assessment:

Severe symptoms:

Vomiting; cardiorespiratory arrest; seizures;
reduced consciousness/coma (GCS ≤8)

[Moderately severe symptoms:]

nausea without vomiting; Confusion.

Biochemical assessment:

The degree of biochemical hyponatremia is classified into:

Severe: <125mmol/L

Moderate: 125–129mmol/L

Mild: 130–135mmol/L

Initial assessments and investigations by clinical staff:

(Also performed during treatment for those with Severe/Acute Hyponatremia Symptoms to ensure cause specific treatment after initial management)

Bloods tests:

Serum sodium and Serum osmolality (Paired with urine)
TFTs, Bone profile, Magnesium, Cortisol, Blood glucose,

Urine tests:

Urine sodium, Potassium and osmolality

Assessments:

Measure Weight, Start accurate fluid chart, Assess volume status

Imaging: CXR

Medication review: Pay particular attention to diuretics, anti-psychotics and anticonvulsants.

Severe/Acute Hyponatremia Symptoms:
Management decisions should be made on the basis of presenting clinical symptoms and signs rather than the degree of biochemical hyponatremia

No

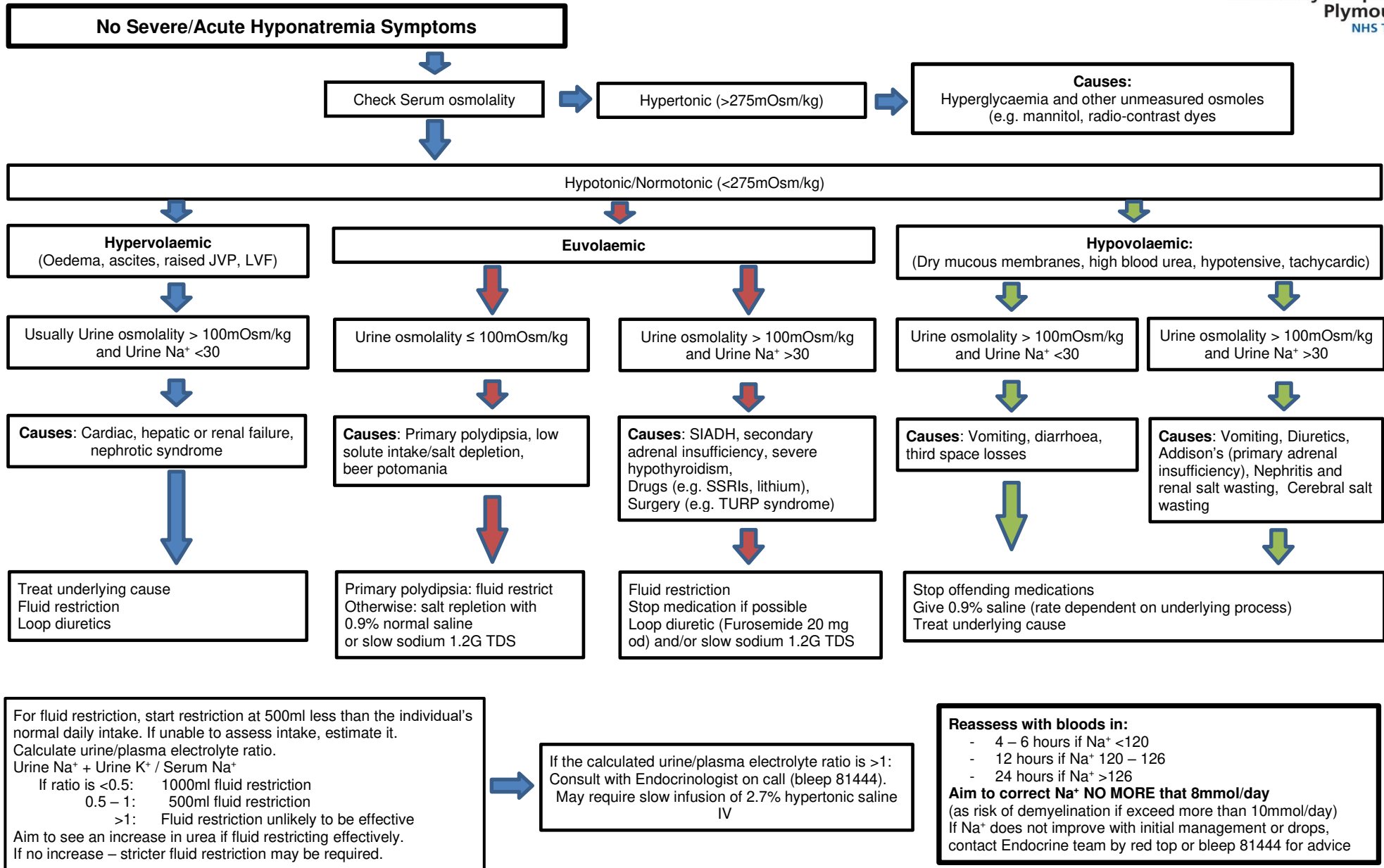
See next page of Flowchart

Yes

Admit in ITU/HDU

- Aim 5mmol/L increase in 1 hour
- Give 150ml of 2.7% hypertonic saline IV over 20 minutes
- Recheck Na⁺ and repeat these boluses twice or until achieve 5mmol/L increase*
- If symptoms do not improve with 5mmol/L increase, consider other causes & continue 2.7% saline IV at slow rate until 10mmol increase or Na⁺ ≥ 130mmol/L (whichever requires less fluid), checking Na⁺ 4 hourly during this time.
- If no improvement then other causes for symptoms most likely

* If corrected too quickly-call specialist support (ITU or Endocrine advice on 81444)
If Na⁺ increases by 5mmol/L and symptoms improved-stop hypertonic saline and consider cause specific treatment.
Target Na⁺ increase ≤ 10mmol/L in first 24 hrs, then 8mmol/L per 24 hrs thereafter.



Trust Guidelines



Guidance Title: Acute Hyponatraemia Flowchart

Date	Version
Nov 2022	1.2

Accountabilities

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Reviewed by (Group)	Endocrine MDT
Approved by (Lead)	Dr Patrick English (Consultant in Diabetes and Endocrinology)

Links to other documents

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Version History

1	April 2019	Guideline created
1.1	Dec 2019	Guideline reviewed – no changes
1.2	Sep 2022	Guideline reviewed – no changes

Last Approval	Due for Review
Nov 22	Sep 2024