

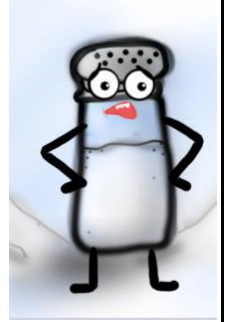


RUN THE LIST

# Hyponatremia

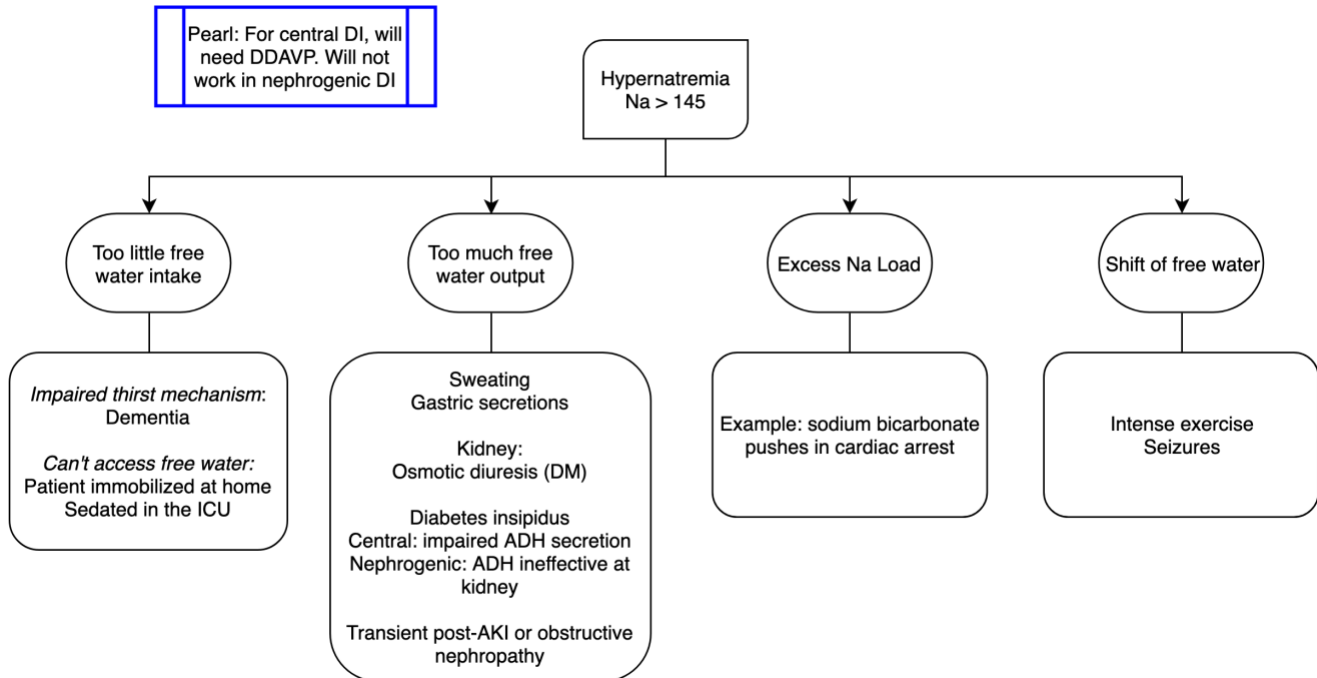
Handout compiled by Moses Murdock (@haematognomist)

Discussant: Dr. Ankit Patel



## 1. Diagnostic Approach:

- Often related to impaired thirst mechanism
- Consider severity and change from baseline



## 2. Management:

- Workup:
  - Clinical history is key!
  - Can measure Na/K in fluids. If less than serum → electrolyte free water loss
- Treatment:
  - Chronic (> 48h): correct slower than 12 mEq/24h
  - Acute (24 – 48): correct to baseline within 24h
  - Calculate free water deficit: <https://www.mdcalc.com/free-water-deficit-hyponatremia>
  - Route of administration:
    - PO: preferred in patients who can tolerate it
    - NG/IV also options
    - Consider ongoing free water losses!
  - Monitoring: frequent serum [Na] – q2-3h initially