



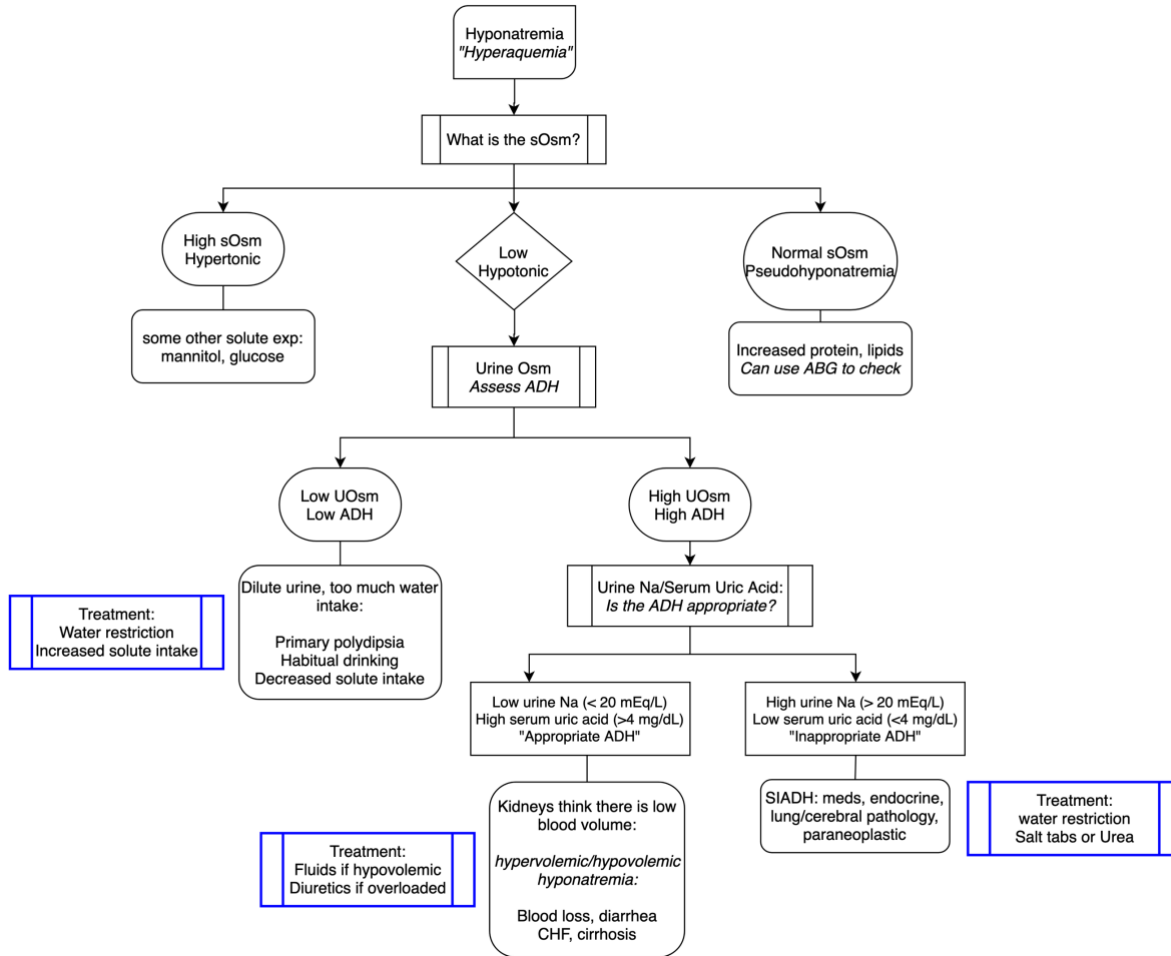
# Hyponatremia



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## 1. Diagnostic Approach: severity, change from baseline, symptomatic?

- Symptomatic? Headache, nausea, vomiting, dizziness, seizures, brain herniation



## 2. Management:

- Workup:
  - If no prior labs, assume chronic hyponatremia
  - Urine Na: confounded by Na intake or diuretics
  - Check Na frequently during Tx: q1h in severe cases
  - Trending Urine Osm & Na can help assess whether ADH is being turned off
- Treatment:
  - Symptomatic:
    - hypertonic saline to increase serum Na 1-2mEq to improve symptoms
    - If hyponatremia occurred within 48h → correct to baseline within 24h
  - Chronic hyponatremia
    - 4 – 6 mEq in first 24h (to avoid osmotic demyelination syndrome)
  - If overcorrecting, give D5W and consider DDAVP