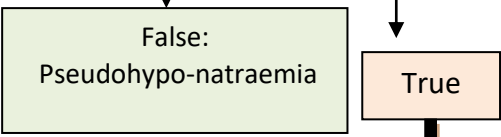


**Hyponatraemia
(Na <133 mmol/L)**

- Na <115 mmol/L
- Neurological symptoms
- Severe hypovolaemia
- Patient unwell

Immediate admission to hospital recommended



Occurs in hypoproteinaemia (eg myeloma) and hypertriglyceridemia. All sodium's <120 & all samples with total protein >90 will be checked for pseudohyponatraemia by the lab

Repeat measurement to confirm result and establish if changing.
Na 115-125; repeat in 1-2 days. **Na 126-132**; repeat within 1 week

- Request serum osmolality if not already done
- Consider admission to hospital if rapidly failing (>10 mmol/L over days)

- BOX 2 some drug causes (list not exhaustive)**
- ACE inhibitors
 - Amiodarone
 - Antipsychotics
 - Carbamazepine
 - Desmopressin
 - Diuretics
 - SSRIs
 - NSAIDs
 - Opiates
 - PPIs
 - SSRIs
 - Tricyclics
 - Theophylline

- BOX 1. Some causes of hypo-osmolar hyponatraemia**
- Drugs (see box2)
 - Adrenal insufficiency
 - CCF
 - Cirrhosis
 - GI loss
 - Hypothyroidism (rare)
 - Nephrotic syndrome
 - Renal failure (chronic)
 - Skin loss (eg burns)
 - SIADH (see box 3)

Osmolality high >295

Check plasma **glucose*** if not already done

***Hyperglycaemia** causes hyponatraemia with normal or high serum osmolality

Osmolality normal 275 - 295

Check serum **protein & triglycerides** and plasma **glucose*** if not already done

Osmolality low <275 See Box 1

- Review patient's symptoms and look for cause (see Box 1 & 2)
- Stop any drugs which may be contributing (if safe to do so)
- Check renal, adrenal *& thyroid function (see Box1)
- Consider seeking specialist advise if sodium <120

? SIADH
 If no apparent cause (see Box 1 and 2) send paired serum and spot urine for osmolality and sodium

Urine osmolality >100 mOsmol/Kg and urine sodium >20 mmol/L

Yes

Possible SIADH see box 3 for possible causes

No

Phone biochemist to discuss

- Box 3 . Some causes of SIADH**
- Malignancy** – mainly small cell lung cancer, also some GI and genitourinary
 - Respiratory** – pneumonia, PE, abscess. TB & CF
 - Cerebral** – CVA, trauma, Tumour & infection
 - Drugs** –see Box 2
 - Misc** – postop pain, nausea, acute intermittent porphyria

Advice for Barnsley patients is available via contacting Biochemistry on 01226 432772 or 435749.