

The Ins and Outs of Hyponatremia

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What factors can contribute to hyponatremia?

- Pain or stress
- Plate covered, i.e. low solute intake
- Free water on the tray
- IV Fluids
- Banana, providing K
- Bedside commode, which might imply diarrheal volume losses

How much water can one drink before becoming hyponatremic?

	Young and Healthy	Elderly	ETOH	Lung Tumor
PO Solute	600-900	300	400	600
Urine Osm	50	150	100	300
Water volume before sodium drops (in Liters)	18 L	2L	4L	2L
Diagnosis	Psychogenic Polydipsia	Tea and Toast Diet	Beer Potomania	SIADH

- Check **Posm, Uosm, UNa** in ER!
- **[Na/H₂O]** - Usually, it's not the Na. It's too much H₂O (excess PO H₂O, low PO solute, abnormal kidneys, high ADH).
- **Are the kidneys appropriately handling the water load?**
 - Uosm <100 is appropriate. The problem is likely drinking "too much".
 - Uosm >100 suggests too much ADH. Figure out what's simulating ADH!

Practical Tips for Ins and Outs

- Communicate with the nurse!
- Put sign on the door if on fluid restriction.
- Talk to patient care assistant (PCA)
- Talk to patient!
- Ice chips count!
- Reassess diet, solute intake, and consider nutrition consult.

communication

learning together

collaboration