

Appendix 2 – MANAGEMENT OF HYPONATRAEMIA

- Hyponatraemia is relatively common in hospitalised patients.
- It can be classified as acute (developing over less than 48 hours) or chronic,
 - mild (Na 130 - 134 mmol/l),
 - moderate (Na 125 - 129) or
 - profound (Na <125).
- The aetiology should be sought in all cases. A review of parenteral fluid administration and medication history is relevant.
- Hyponatraemia is usually only of clinical perioperative significance when the serum osmolality is low (hypotonic hyponatraemia), <275mOsm/kg.

<u>TYPE</u>	<u>VALUE</u>	<u>RECOMMENDATION</u>
PROFOUND HYPONATRAEMIA	<125	Requires urgent management
MODERATE HYPONATRAEMIA	125-129	increases the risk of surgery and should be treated prior to surgery
MILD HYPONATRAEMIA	>130	should be treated if possible, but is unlikely to delay surgery