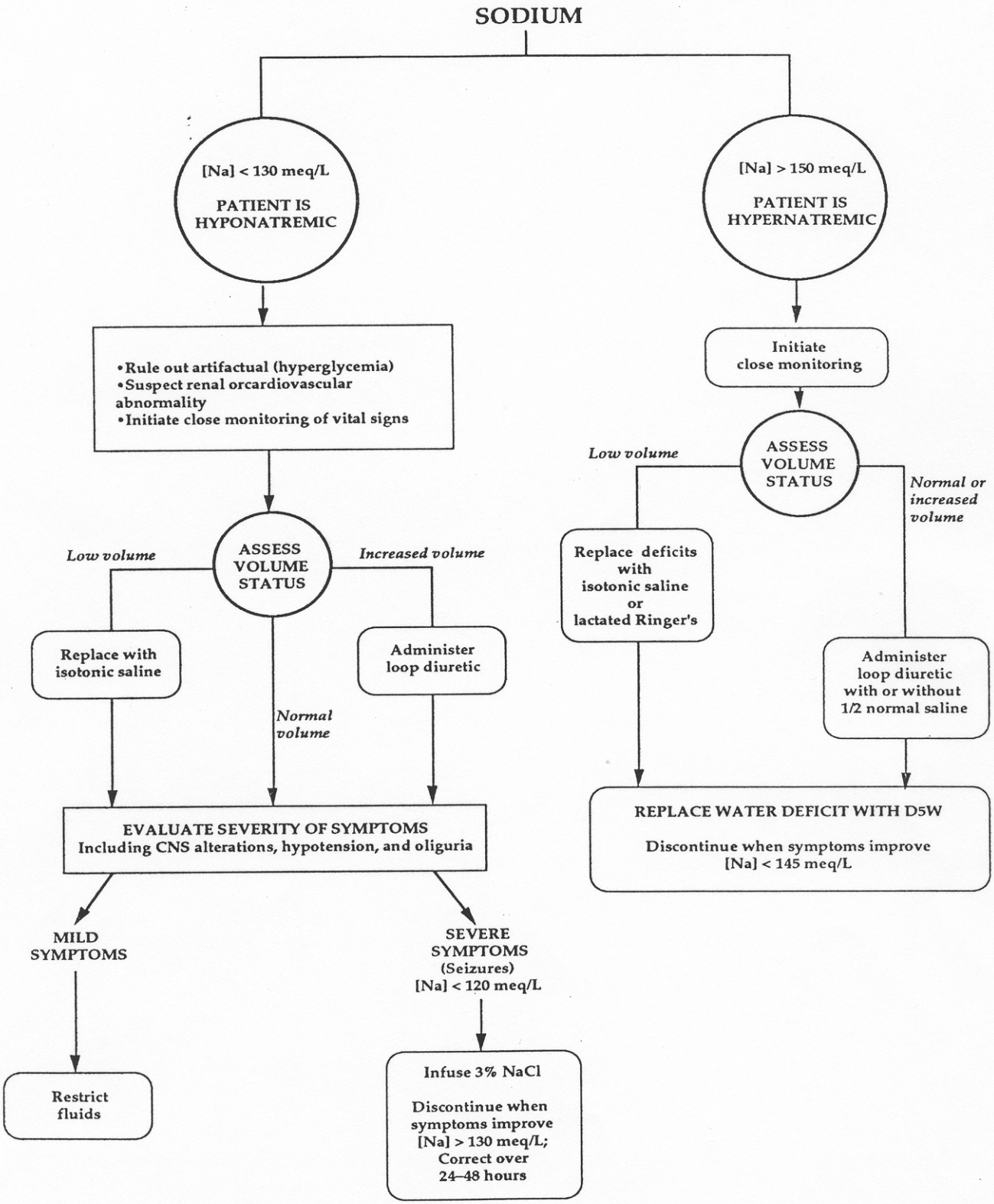
SODIUM
[Na] < 130 meq/L
PATIENT IS HYPONATREMIC
[Na] > 150 meq/L
PATIENT IS HYPERNATREMIC
•Rule out artifactual (hyperglycemia)
•Suspect renal orcardiovascular abnormality
•Initiate close monitoring of vital signs
Initiate close monitoring
ASSESS VOLUME STATUS
Low volume
Normal or increased volume
Replace deficits with isotonic saline or lactated Ringer's
Administer loop diuretic with or without 1/2 normal saline
REPLACE WATER DEFICIT WITH D5W
Discontinue when symptoms improve [Na] < 145 meq/L
ASSESS VOLUME STATUS
Low volume
Increased volume
Normal volume
Replace with isotonic saline
Administer loop diuretic
EVALUATE SEVERITY OF SYMPTOMS
Including CNS alterations, hypotension, and oliguria
MILD SYMPTOMS
SEVERE SYMPTOMS (Seizures) [Na] < 120 meq/L
Restrict fluids
Infuse 3% NaCl
Discontinue when symptoms improve [Na] > 130 meq/L; Correct over 24–48 hours