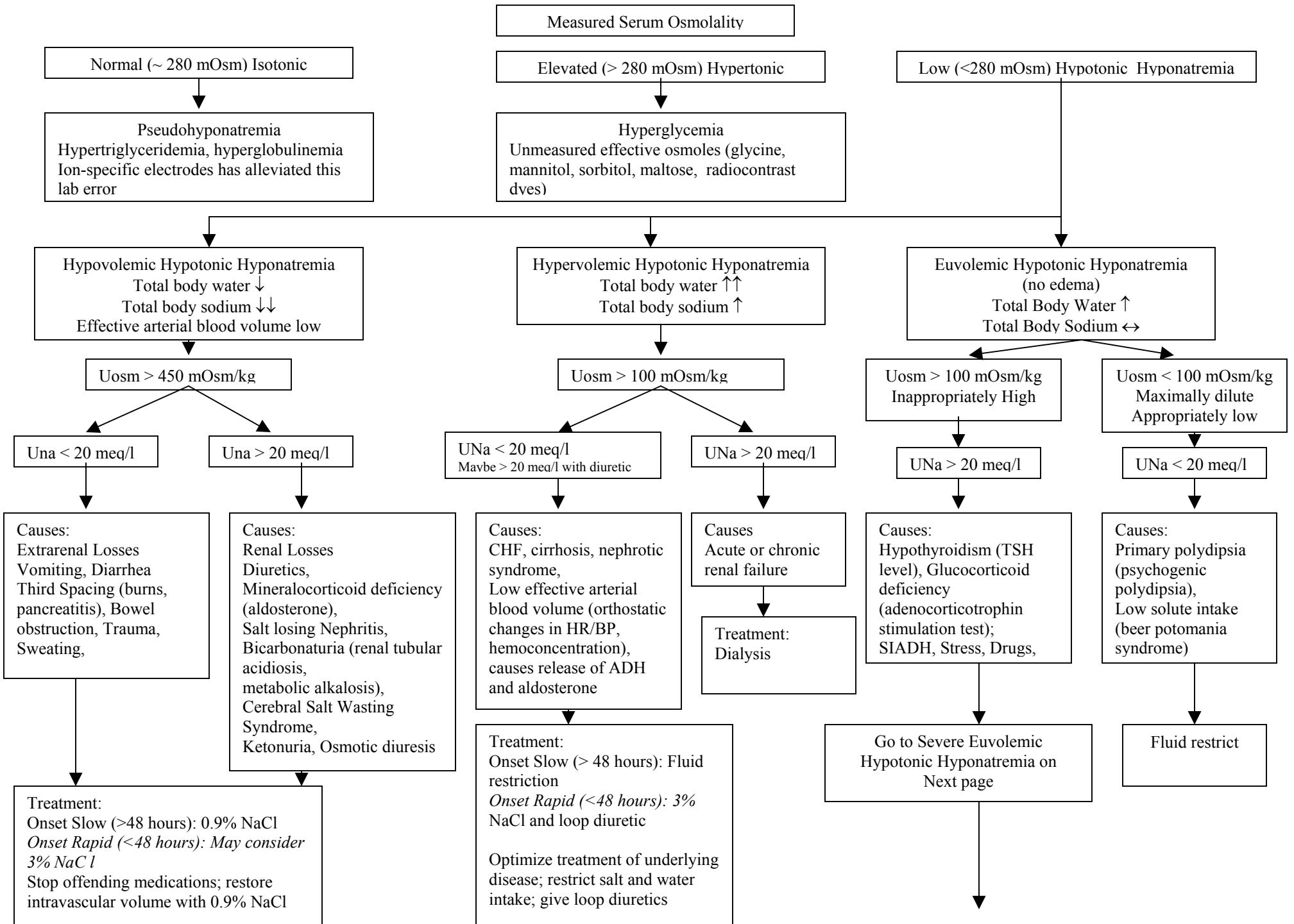
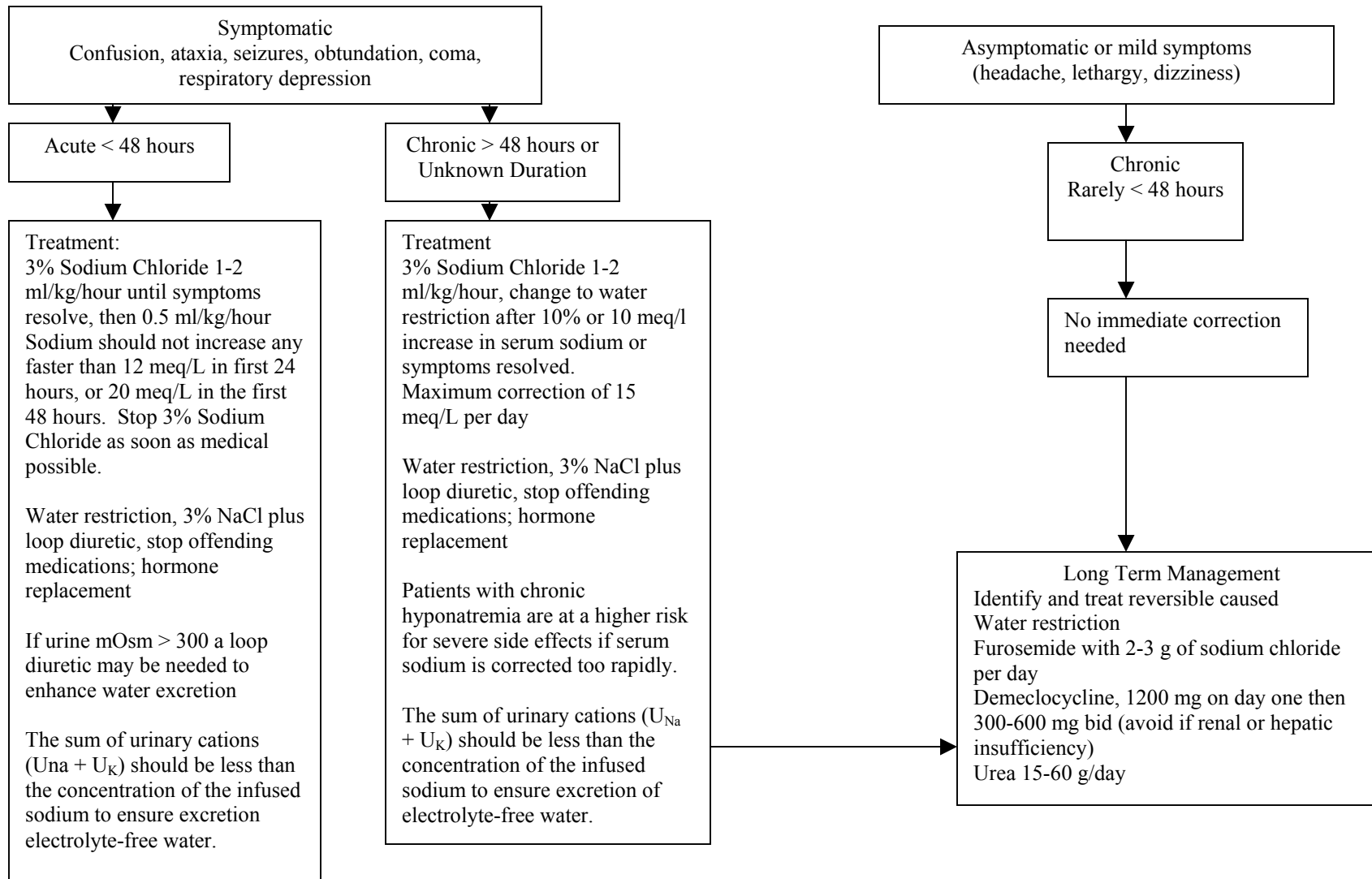


Hyponatremia Algorithm



Severe **Euvolemic** Hypotonic Hyponatremia (Serum Sodium < 125 meq/l)



There is no consensus about the optimal treatment of symptomatic hyponatremia. Correction should be of a sufficient pace and magnitude to reverse the manifestations of hypotonicity, but not so rapid and large as to pose a risk for developing osmotic demyelination.

For mild symptoms of hyponatremia, or asymptomatic patients with serum sodium above 125 meq/l, use a conservative approach. (Water restriction less than 1-1.25 l/day) If serum sodium continues to decline 0.9% NaCl may be given to clarify diagnosis. If the patient has SIADH, hyponatremia will worsen and if they are ECF volume contracted serum sodium will improve.