

## Hyponatraemia

A 75 year old man is brought into the ED by ambulance with confusion. He is usually independent at home by himself, but has not been seen for several days by his neighbours. He was found outside his house in a disheveled state, confused but without any apparent injuries.

On assessment he is pleasantly confused, but has a grossly normal examination and normal vital signs.

Bloods have been performed at triage and the results are available while you are assessing the patient.

He has a normal FBC.

EUC:

Na 107

K 3.2

Cl 88

HCO<sub>3</sub> 22

Urea 9.8

Cr 132

1. What are your differentials?
2. What further investigations does he need and why?

You have referred the patient for admission to the Medical Registrar. Clinically you feel the patient is dehydrated and want to start IV fluids, but the Med Reg is concerned about altering the patients Na too rapidly.

3. What fluids will you commence, and how rapidly will the patients Na alter with your fluid regime?
4. Presume the patient had a Na of 168. What fluids would you use in this situation.

Regarding the original patient: Prior to fluids being administered, the patient has a generalized tonic-clonic seizure

5. Describe your management (specific for his Na level).

A good reference is:

Androque HJ, N. Engl J Med, 2000 May. 18:342 (20):1493-9

