

## Retrospective audit in use of hypertonic saline with the management of acute symptomatic hyponatraemia with hospitalized patients

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### Abstract

We introduced the hospital policy on the management of severe symptomatic hyponatraemia (SSH), with hypertonic saline (HS) of 1.8% and 5% saline in 2017. This is one of the few UK centres to offer this treatment, therefore the evidence is limited. The policy was based on European and American guidelines (1) (2). Objectives To study the adherence, and effectiveness, of this guideline in managing patients with SSH. Methods Patients were identified using the Biochemistry tracking system between 01/01/18 until 14/05/20. The terms - Hypona, sod, Hypertonic, 5%, 1.8% as were searched. The laboratory result system was used to identify hyponatraemic

Standard 1: 11 patients had symptoms of hyponatraemia. They were confusion (6), somnolence (5), seizure (4), and vomiting (3). Other symptoms included muscle twitching, fatigue and nausea. SSH was suspected in 2/11 patients, but it was not the primary diagnoses. One patient was asymptomatic- the only patient with chronic hyponatraemia. Standard 2a/b: All patients identified were treated with 1.8% saline. None with 5% saline. Standard 2c: 7/12 patients overcorrected (there should be a 130mmol/L) their serum sodium. 1 patient self-discharged before this. The mean length of time to achieve this was 6.5 days In addition: 3 patients died. No deaths were attributed to treatment with 1.8% saline. Specifically, no patients developed central pontine myelinolysis Conclusions 1. Our audit showed symptomatic improvement in moderate and SSH, following.

**Speaker Publications:** “Retrospective audit on the use of hypertonic saline in the management of acute symptomatic hyponatraemia in hospitalized patients”.

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