

Nothing to “sea” here: turning a blind eye to hyponatraemia

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Introduction

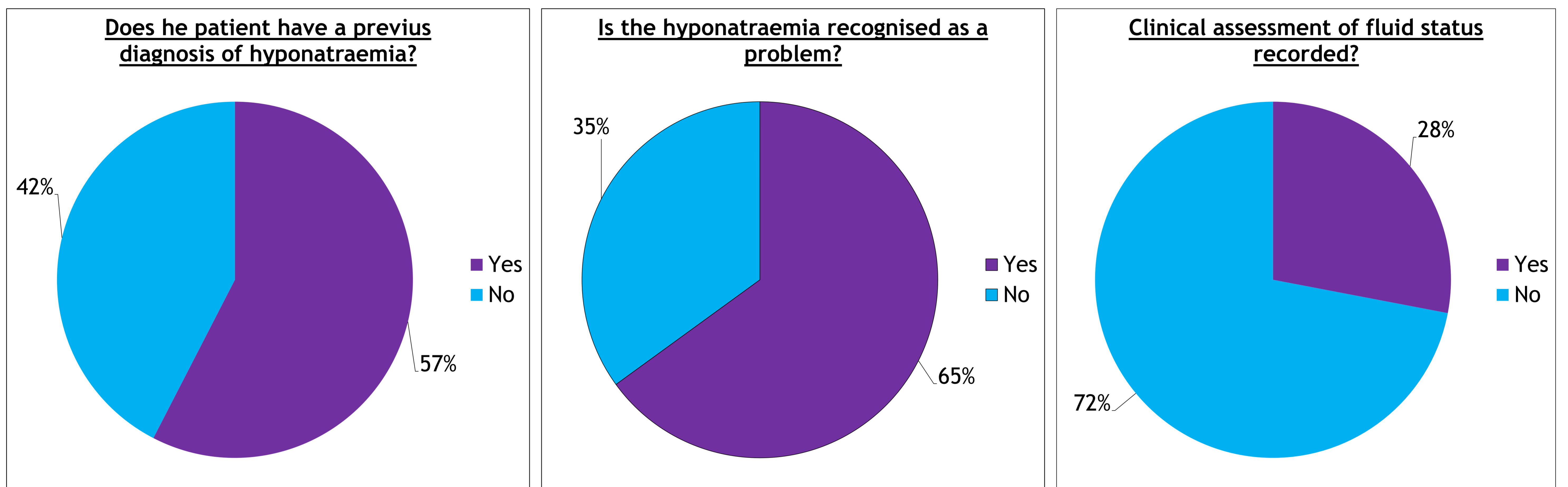
- Hyponatraemia is defined as serum sodium concentration <135mmol/L.
- It is the most common electrolyte disorder encountered in clinical practise¹.
- It is associated with an increase in mortality and length of stay, independent of diagnosis and clinical variables². Despite this it is often inadequately investigated and poorly managed³.

Methods:

- A retrospective audit was performed of patients admitted to The Great Western Hospital (GWH) with a serum sodium of 127mmol/L or less on admission, over a three month period.
- The aim was to identify whether a diagnosis of hyponatraemia is made and to evaluate how these patients are investigated.

Results

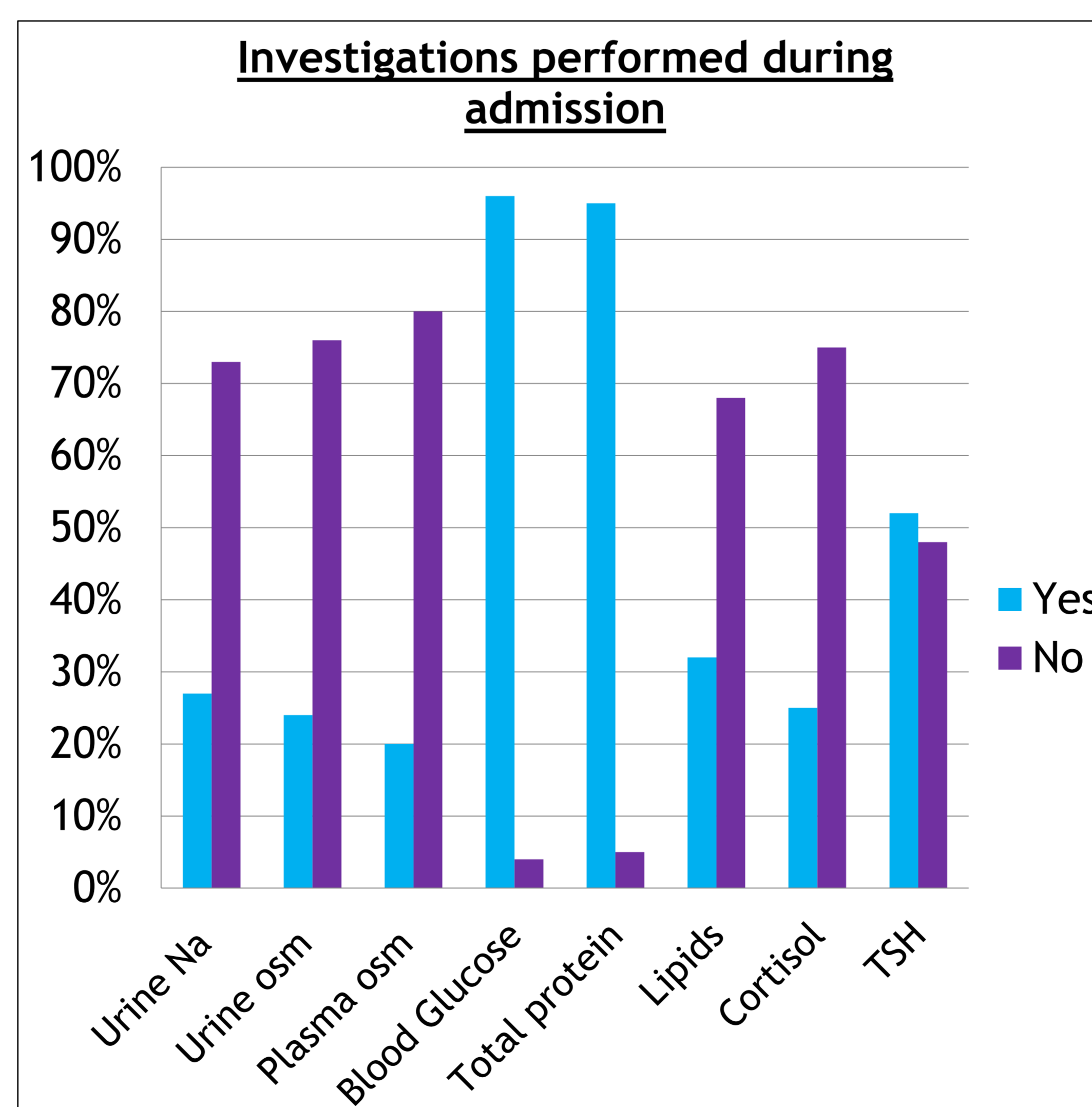
- 75 patients were included: 27 male and 48 female
- Mean age was 75 years (range 37-94 years)
- Mean sodium on admission 122mmol/L (range 108mmol/L to 127mmol/L)



Essential Investigations

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- Urinary Sodium
- Urinary Osmolality
- Serum Osmolality
- Random Blood Glucose
- Total Protein
- Lipids
- Serum Cortisol
- TSH



- Only 4% of patients had all 8 investigations during admission
- < 27% of patients had a urinary sodium, urinary osmolality and serum osmolality during admission

Conclusions

- 57% of patients admitted with hyponatraemia have a previous diagnosis of hyponatraemia - are we missing opportunities to treat or prevent this?
- Clinician's are not always recognising hyponatraemia as a problem, and consequently are not making a diagnosis of hyponatraemia and requesting appropriate investigations.
- A hyponatraemia guideline was developed following this audit and an education session was delivered to the medical admissions unit, with the aim of improving awareness, investigation and treatment of hyponatraemia.
- We hope this will improve the management of patients with hyponatraemia at GWH.