Introduction

Hyponatraemia is defined as serum sodium concentration <135mmol/L. It is the most common electrolyte disorder encountered in clinical practice. It is associated with an increase in mortality and length of stay, independent of diagnosis and clinical variables. Despite this, it is often inadequately investigated and poorly managed. As a number of endocrine conditions can cause hyponatraemia, endocrinologists often have the necessary clinical skills and knowledge to manage these patients effectively.

Methods

A retrospective audit was performed of patients admitted to The Great Western Hospital (GWH) with serum sodium of 127mmol/L or less on admission, over a three-month period. The aims were to evaluate how hyponatraemia is investigated and whether specialist input from the endocrinology team improves the management of these patients.

Results

In the Audit:

75 patients were included in the audit; 27 male (36%) and 48 female (64%).

- Serum sodium of 127 mmol/L or less on admission.

- 8 investigations were identified as essential when investigating patients with hyponatraemia - only 4% of patients had all 8 investigations completed.

- Less than 27% of patients had a urine sodium, urine osmolality and serum osmolality requested during admission.

- Only 7 patients (9%) were either referred to the endocrinology team or were reviewed by the endocrinology team during admission.

- These patients had an average of 6.9 out of 8 of the essential investigations, whereas those patients not reviewed by the endocrinology team had an average of 2.1 out of 8.

Discussion

This audit confirms that:

- Hyponatraemia is often not recognised, inadequately investigated and poorly managed.

- Results suggest that an endocrine opinion is rarely requested.

- When reviewed by an endocrinologist patients are more likely to have appropriate investigations requested.

- When referred to specialist and correctly investigated, increases correct diagnosis and appropriate management.

References

