Do guidelines improve the diagnosis and investigation of hyponatraemia?

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Background

- Hyponatraemia is common and associated with significant morbidity and mortality. However, it’s often not recognised as a serious diagnosis and therefore inadequately investigated and poorly managed.
- An audit of the management of patients admitted to The Great Western Hospital (GWH) with hyponatraemia confirmed these problems. A hyponatraemia guideline was produced in order to improve diagnosis, investigation and management of patients with hyponatraemia.

Methods

- The guideline was piloted in the Acute Medical Unit at GWH.
- Following a teaching session and introductory period, a re-audit was performed. Data was collected retrospectively in patients with an admission sodium of ≤127 mmol/L, over a one month period.
- The aim was to identify whether introduction of a guideline improved diagnosis, investigation and management of patients.

Results

- 20 patients: 8 male & 12 female
- Mean age 64 years (range 25 – 88 years)

**Is the hyponatraemia recognised as a problem?**

- 2014: 100%
- 2015: 95%

**Is clinical assessment of fluid status recorded?**

- 2014: 45%
- 2015: 80%

**Investigations requested during admission**

- 2014: Blood glucose, Total protein, Lipids, Creatinine, Urea
- 2015: Hydration status, Osmolality

**Percentage of patients referred to Endocrinology Team**

- 2014: 20%
- 2015: 45%

Conclusion

- This audit demonstrates that the use of education and a guideline has improved recognition of hyponatraemia.
- It has resulted in an increase in the number of relevant investigations requested and in the number of patients reviewed by the endocrine team.