

Bottom line for us IS 1-2 meq/hr of 3% IN THE ACUTE SETTING

NorthShore Guideline for the Management of Severe Hyponatremia

Severe ^A			
ACUTE		CHRONIC	
Treatment Options	Monitoring	Treatment Options	Monitoring
<p>***Requires immediate treatment</p> <p>Medications</p> <ul style="list-style-type: none"> 3% NaCl* to increase Serum [Na⁺] by approximately 1 – 2 mEq/hr for the first 2 – 3 hours (or until severe symptoms resolve), followed by slower correction (0.5 mEq/L/hr) with the goal of increasing Serum [Na⁺] no more than 10 – 12 mEq/L over 24 hours 	<p>Serum [Na⁺] every 2-4 hours</p>	<p>***Urgent correction of Serum [Na⁺], but not too rapidly due to risk of central pontine myelinolysis</p> <p>Medications</p> <ul style="list-style-type: none"> 3% NaCl* +/- diuresis Increase Serum [Na⁺] by approximately 0.5 - 1 mEq/hr with the goal of increasing Serum [Na⁺] no more than 8-10 meq/L over 24 hours 	<p>Serum [Na⁺] every 2-4 hours</p>