WHAT IS ERBP? ERBP is the official guidance producing body of ERA-EDTA.

WHAT ARE ITS AIMS? Our aim is to improve the lives of people with kidney disease in a sustainable way by communicating knowledge in a format that stimulates its use in clinical practice throughout Europe.

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European Renal Best Practice

ALGORITHMS FOR THE DIAGNOSIS AND TREATMENT OF HYPONATRAEMIA

ALGORITHM FOR THE DIAGNOSIS OF HYponatraemia

HYponatraemia

1. Exclude hyperglycaemia and other causes of non hypotonic hyponatraemia

2. Hypotonic hyponatraemia

3. Acute or severe symptoms?
   - Yes: Consider immediate treatment with hypertonic saline (chapter 7)
   - No: Urine osmolality

4. Urine osmolality
   - ≤ 100 mOsm/kg: Consider:
     - Primary polydipsia
     - Low solute intake
     - Beer potomania
   - > 100 mOsm/kg: Urine sodium concentration

5. Urine sodium concentration
   - ≤ 30 mmol/L: Low effective arterial blood volume
     - If ECF expanded consider:
       - Heart failure
       - Liver cirrhosis
       - Nephrotic syndrome
     - If ECF reduced consider:
       - Diarrhea and vomiting
       - Third spacing
       - Remote diuretics
   - > 30 mmol/L: Diuretics or kidney disease?
     - Yes: Diuretics
     - No: If ECF reduced consider:
       - Vomiting
       - Primary adrenal insufficiency
       - Renal salt wasting
       - Cerebral salt wasting
       - Occult diuretics
     - If ECF normal consider:
       - SIAD
       - Secondary adrenal insufficiency
       - (Hypothyroidism)
       - Occult diuretics

ALGORITHM FOR THE TREATMENT OF HYponatraemia

1. Severe symptoms?
   - Yes: Go to chapter 7.1 Hyponatraemia with severe symptoms
   - No: Moderately severe symptoms?

2. Moderately severe symptoms?
   - Yes: Go to chapter 7.2 Hyponatraemia with moderately severe symptoms
   - No: Acute hyponatraemia?

3. Acute hyponatraemia?
   - Yes: Go to chapter 7.3 Acute hyponatraemia without severe or moderately severe symptoms
   - No: Reduced circulating volume?

4. Reduced circulating volume?
   - Yes: Go to chapter 7.4.4 Reduced circulating volume
   - No: Expanded extracellular fluid?

5. Expanded extracellular fluid?
   - Yes: Go to chapter 7.4.2 Expanded extracellular fluid
   - No: SIAD