

- Directions:**
1. **Mark through the item you do not wish to order**
  2. **Indicate choice when options are available by placing a check (✓) in the parenthesis**

1. Admit or transfer to ( ) ICU ( ) SCICU; Attending: \_\_\_\_\_
2. Diagnosis: Severe Symptomatic Hyponatremia with;  
( ) mental status changes and/or ( ) seizures
3. Serum Sodium levels: (Mandatory Information for Protocol)
  - a. This patient's **starting serum sodium** level is \_\_\_\_\_ meq/liter
  - b. This patient's **target serum sodium at 24 hours** is the lower of either:  
( ) 120 meq/liter; or  
( ) Starting serum sodium level + 8 meq/liter = \_\_\_\_\_ meq/liter
4. Emergency Nephrology Consultation. Consult Dr. \_\_\_\_\_  
If no physician or group specified, consult the first available Nephrologist.  
Reason for Emergency Consultation: "Severe symptomatic hyponatremia"
5. Nursing Care:
  - a. Vital Signs per unit protocol with baseline Neuro check and repeat Neuro checks every 4 hours until mental status normal and no seizure activity
  - b. Weight on admission and daily
  - c. Strict Intake and Output until protocol discontinued
6. Fluids:
  - a. ( ) No oral fluid restriction; or  
( ) Restrict oral fluid intake not to exceed \_\_\_\_\_ ml per day
  - b. Discontinue all previous intravenous fluids and administer either:  
( ) \_\_\_\_\_ intravenously at \_\_\_\_\_ ml per hour; or  
( ) No additional intravenous fluids besides Hypertonic Saline
7. Laboratory Tests: Reason – "Symptomatic Hyponatremia"
  - a. Basic Metabolic Profile, every 2 hours until protocol is discontinued
  - b. Stat urine for Sodium and Osmolality
  - c. Stat random and 8 A.M. Serum Cortisol
  - d. Stat Thyroid Stimulating Hormone (TSH) and Free Thyroxine (Free T4)
8. Hypertonic Saline Infusion Protocol
  - a. **Start** Hypertonic Saline (3%) at 20 mL/hour intravenously.
  - b. **Stop** Hypertonic Saline (3%) immediately and notify physician if:
    - i. Serum sodium increases by more than 2 mEq/L over 2 hours between consecutive measurements; or
    - ii. Serum sodium level exceeds **target serum sodium at 24 hrs**

If the target sodium level is not met within 24 hours of starting hypertonic saline, notify Physician to re-order Hypertonic Saline Protocol for an additional 24 hours with a new **starting** (current) **sodium level** and documenting a new **target serum sodium at 24 hours**.

( ) Verbal Order Verification

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Identification**