Guideline for the Safe Use of Hypertonic Saline 3% to Treat Symptomatic Hypotonic Hyponatremia

- Patients are required to have a Nephrology Consult to use Hypertonic Saline 3% to treat symptomatic hypotonic hyponatremia

- Order Set is entitled “Hypertonic Saline 3% (Nephrology) Order Set”
  - Orders must be placed by Nephrology faculty or on behalf of a Nephrology faculty member

- Hypertonic saline 3% may be administered in the following nursing unit locations:
  - Adult Emergency Department
  - Adult Intensive Care Units
  - Adult Intermediate Care Units

- Site of infusion of hypertonic saline 3%
  - Initiation of therapy should NOT be delayed for central venous access
  - If central line not available, infusion may be initiated through a large-bore (16-18 G) peripheral IV line
    - Large peripheral vein is defined as the median cubital vein, cephalic vein, or basilic vein located in the antecubital fossa

- Required parameters for hypertonic saline 3% order
  - Rate of infusion
  - Duration of order will be limited to 24 hours (24-hour stop)
    - Nephrology must reassess and re-order hypertonic saline 3% every 24 hours

- Consider desmopressin (DDAVP) 2 mcg IV push every 8 to 12 hours

- Required laboratory monitoring
  - Check serum sodium and serum potassium every 2 to 4 hours for the first 12 hours, then every 6 hours thereafter during the infusion

- Neurological checks as per physician’s order

- Note: Sodium correction rate not to exceed 6-8 mEq/24 hours

References:

Approved & Revised by Nephrology P&T Subcommittee: 6/2016; 1/2018
Approved & Revised by P & T Committee: 8/2016; 2/2018