Princess Margaret Hospital for Children Emergency Department Guideline

GUIDELINE			
Hypertonic Saline - Administration			
Scope (Staff):	All Emergency Department Clinicians		
Scope (Area):	Emergency Department		

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Hypertonic Saline - Administration

Medication

Actions

- The primary mechanism of action of hypertonic saline is rapid mobilisation of extravascular water into the intravascular compartment by creating a gradient in tonicity between the intravascular space and ECF
- It may also improve cardiac effectiveness by increasing preload and by reducing after load due to hypertonic vasodilation of systemic and pulmonary vessels

Indications

• In ED, hypertonic saline is used for the correction of severe symptomatic hyponatraemia

Adverse

- Central pontine myelinolysis due to rapid increase in serum Sodium (believed to be mainly associated with correction of chronic hyponatraemic states)
- · Volume overload
- Hypernatraemia

Dosage

Sodium Content of Solutions	Sodium (mmol/l)
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3% Saline	513
20% Saline	3400

- 3% Saline is available in 1 l bags
- 20% Saline is available in 10ml ampoules

Administration

Via Peripheral IV:

- 3% Saline is the preferred solution
- 6ml / kg raises the serum sodium approximately 5 mmol/l
- Infusion rate: 3% Saline at 0.5 1.0 ml/kg/hr (max rate 100ml/hr)
- Duration: administer over 1 hour
- Recheck serum Na hourly while infusion being administered and one hour post completion of infusion

Special

- Hypertonic Saline may cause thrombophlebitis, therefore caution should be exercised when giving via a peripheral cannula
- Preferred method of delivery is via a central venous catheter
- Do not give simultaneously with blood transfusions

Tags

20%, 3%, hypertonic, hyponatraemia, na, saline, sodium

References

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- E/Clinical Pharmacology 2012

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