



CULLMAN  
REGIONAL

## PHYSICIAN'S ORDERS

NAME:  
ROOM NO:  
(ADDRESS)  
HOSP. NO.  
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked.

### Hypertonic Saline Order Set – Adult For Severe Symptomatic Hyponatremia

Admit to Dr. \_\_\_\_\_ ☐ CCU ☐ Floor

Pt weight \_\_\_\_\_ Kg

Diagnosis: Severe Symptomatic Hyponatremia with ☐ Mental status changes and/or ☐ Seizures

#### Consults:

☐ Emergency Nephrology Consultation. Consult Dr. \_\_\_\_\_

If no physician or group specified, consult the first available Nephrologist.

Reason for Emergency Consultation: "Severe symptomatic hyponatremia"

☐ Consult Dr. \_\_\_\_\_

Fluids: ☐ No oral fluid restriction  
☐ Restrict oral fluids to \_\_\_\_\_ ml per day  
☐ Discontinue all previous intravenous fluid

Labs: BMP, serum osmolality, urine osmolality: ☐ q 6 hr ☐ q 4 hr x ☐ 24 hr ☐ 48 hr, then routinely daily

- If BMP is not ordered daily, order serum sodium q 6 hr x 24 hr, then routinely daily
- Patient's **baseline serum sodium** level is \_\_\_\_\_ mEq/L
- Patient's **target serum sodium at 24 hr** is the lower of either:  
☐ 120 mEq/L

OR

☐ Baseline serum sodium level + 8 mEq/L = \_\_\_\_\_ mEq/L

#### Nursing Care:

- Vital signs: ☐ q 2 hr ☐ q 4 hr ☐ per unit protocol
- Baseline neuro check and repeat ☐ q 2 hr ☐ q 4 hr until mental status normal and no seizure activity
- Weigh on admission and daily
- Strict I&O daily until order set discontinued

#### Hypertonic Saline Infusion Orders

- Start** Hypertonic Saline (3%) IV at ☐ 20 ml/hr (-10 mEq Na+/hr) ☐ \_\_\_\_\_ ml/hr (max 50ml/hr)
- Stop** Hypertonic Saline (3%) immediately and notify physician if:
  - Serum sodium increases by more than 9 mEq/L in any 24 hr period; or
  - Serum sodium exceeds **target serum sodium at 24 hr**
  - Serum sodium is at or above 140 mEq/L
  - Sudden onset of dysarthria or quadriparesis
- If the target sodium level is not met within 24 hr of starting hypertonic saline, notify physician to re-order Hypertonic Saline Order Set for an additional 24 hr with a new **baseline** (current) **serum sodium** and document new **target serum sodium at 24 hr**
- No titration. Any change of rate will require a new order from physician

Physician Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Revised: 01/25/18

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4

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