**Audit assessing the management of acute hyponatraemia at the Bristol Royal**

**Infirmary**

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**Background:**

Evidence shows that hyponatraemia is associated with increased all-cause mortality (1). Management can be complex and if incorrect, carries significant risk of neurological injury and death. We aimed to assess how effectively hyponatraemia is managed.

**Methods:**

Standards were generated using recommendations from expert panel guidelines (2) and opinions from the departments of endocrinology and geriatrics. A stratified random sample of 42 inpatients from the past 12 months was selected. Samples were grouped into mild, moderate and severe. Hospital notes and blood results were assessed against standards.

**Results:**

A number of key areas were identified as falling below accepted management standards (see Fig 1).

Documented recognition of hyponatraemia and its severity was recorded in 29% of notes. Paired urine osmolality appropriately performed in 43% of patients. Documentation of the maximum rate of sodium correction recorded in only 33% of severe group. Overall management of hyponatraemia appropriate in 69% of patients, falling to 57% in severe group.

**Key Messages:**

There are inconsistencies in the management of hyponatraemia. Worryingly, appropriateness of management varied inversely with severity. We are introducing trust guidelines and providing teaching to juniors. We believe this will improve the management of hyponatraemia and will result in better patient care.