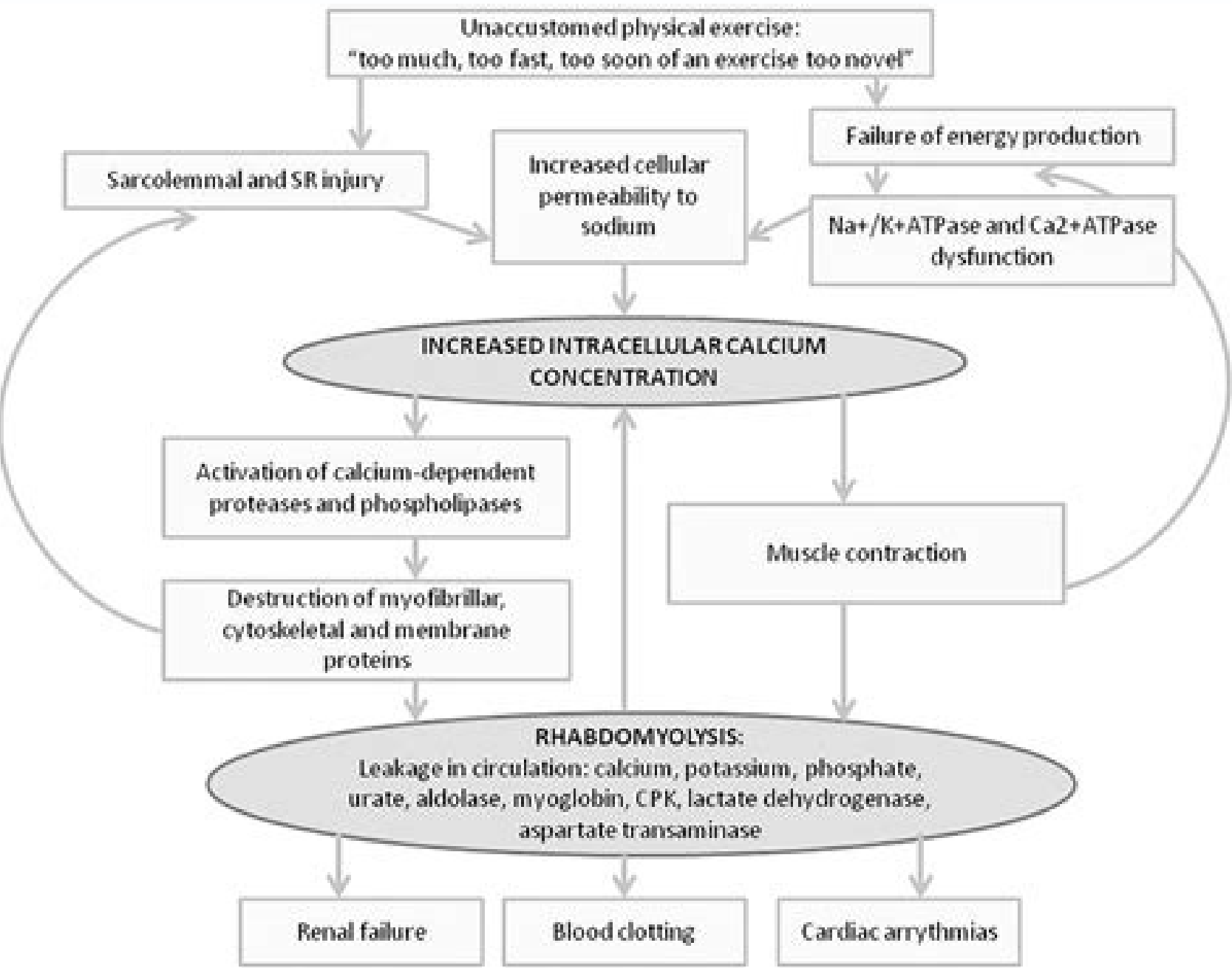


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Hyponatremia

- ◆ Low serum [Na] = ↓ amount of **Na** in ECF
H₂O
- ◆ Causes
 - 1) Na content in ECF = Low (**Na depletion**)
 - extrarenal loss: GI, third spacing
 - renal loss: diuretics, salt losing, mineralocorticoid def.
 - 2) Na content in ECF = Normal (**H₂O excess**)
 - SIADH: drugs, tumor, intracranial cause
 - Endocrine: Severe hypothyroid, glucocorticoid def.
 - 3) Na content in ECF = Increase (**H₂O > Na excess**)
 - CHF
 - Decompensated cirrhosis
 - Renal failure
 - Menstrual syndrome

pediatrics.aappublications.org

The Diagnosis and Management of Acute Otitis Media | From the American Academy of Pediatrics |

1. The purpose of this guideline is to provide a systematic approach to the diagnosis and management of acute otitis media (AOM) in children.
2. This guideline is based on the best available evidence and the expert opinion of the American Academy of Pediatrics (AAP).
3. The guideline is intended for use by pediatricians and other healthcare providers who care for children.
4. The guideline is not intended to replace clinical judgment or to dictate the management of individual patients.
5. The guideline is subject to periodic review and revision as new evidence becomes available.
6. The guideline is based on the following assumptions:
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Hyponatremia nhs guidelines. Hyponatremia treatment guidelines nhs.

In the treatment of hyponatray the risk of correction must be balanced against the risk of the iponatric state. Recognizing that children are at risk of iatrogenic iponatramia, anticipating the symptoms and monitoring of the biochemistry and the appropriate fluid budget should minimize risks and allow the timely institution of appropriate therapy. There is no way to predict which children develop symptoms or have a respiratory arrest, the sick children have many non-osmotic stimuli at ADH secretion, pain, nausea, stress, drugs and surgery. There are very few cases of osmotic demyelination reported according to the treatment of hyponatray (although with symptomatic hyponatray it could easily be under report) the osmotic demilation is associated with the correction to nominated and above the osmotic demilation has not been reported after the Correction of acute hyponatramia less are associated risk factors, such as burns, malnutrition, alcoholism is the increase in plasma sodium during a period of 24 hours rather than the correction rate that predicted the osmotic demystic rates of the correction cited in the articles they were derived à €

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