Hyponatremia

Unr bad - causes cerebral edema - premenopause & most susceptible
correct no faster than 0.5 meq/L/hr < to avoid
central pontine myelolysis

1) Pseudo hyponatremia - ↑ lipids (↑ lipoprotein A) cholest (↑)
   ↑ paraprotein or immunoglobulin admin
2) Water shift intra - extracellular - ↑ lucase (↑) or ↑ paraprotein
3) Do exam - ultrasound of lhc
   A) Overhydrated - too much H2O > too much N2 -
      inability of kidney to excrete free H2O - CCF, nephrotics,
      cirrhosis, RHCA. Restrict free H2O, VRA
   B) Underhydrated - N2 los > H2O loss
      Foot UNa < 20 meq/L - sweat, diarrhea, vomiting
   C) Hydrated
   2) SIADH - etiology - Drugs, lung, cancer, CNS
      Dx: ↓ Na Addisons, Hypothyroidism
      - UNa > 50, UNa > 20
      Re: Water (restrict, VRA), demeclocycline or Lithium

b) Other
   Hypothyroidism
   Psychogenic H2O drinking
   Reset Osmostat
   Beer Potomania
   Tea & Toast Syndrome
   Exercise Induced Hyponatremia