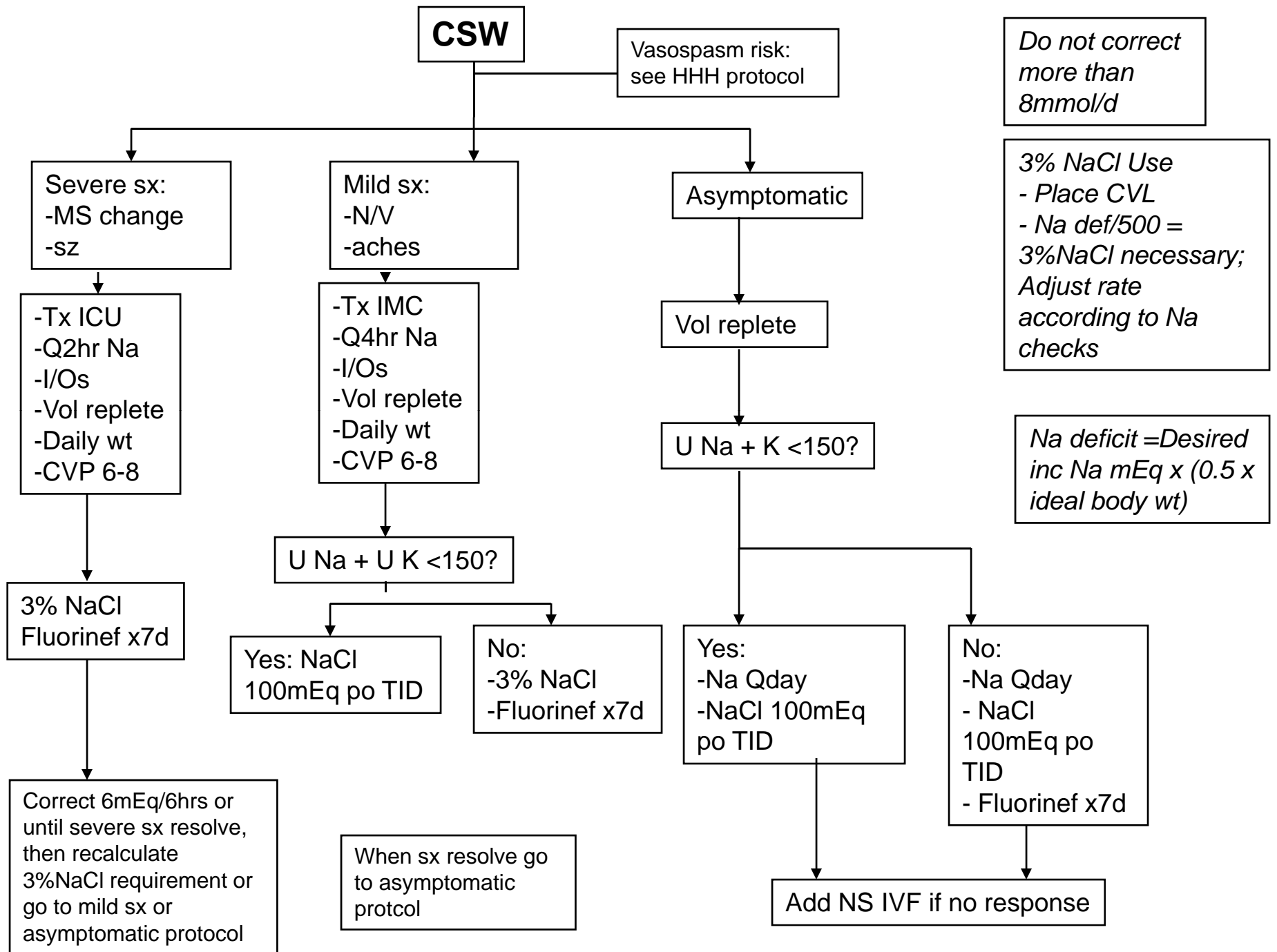


	<b>CSWS</b>	<b>SIADH</b>
S Na mmol/L*	< 135	< 135
S Osm mOsm/kg*	< 285	< 285
U Osm mOsm/kg*	> 200	> 200
U Na mmol/L	> 25	> 25
Weight	↓	↑
Fluid balance	↓	↑
JVD	-	+
Hct	↑	↓
BUN	↑	↓
Cre	↑	↓
Uric acid	- ↓	↓
Bicarb	↑	↓
CVP cm H2O	< 6	≥ 6
Pulm wedge pressure mmHg	< 8	≥ 8

Table 1. Diagnostic criteria for CSWS vs SIADH

Must have starred criteria + at least three of the non-starred criteria for diagnosis.



Na <135 in HHH/SAH patient at risk for vasospasm

Na 135-131

- CVP 6-8
- Na Q4hr
- Fluorinef x7d

Na <131

U Na + K >150

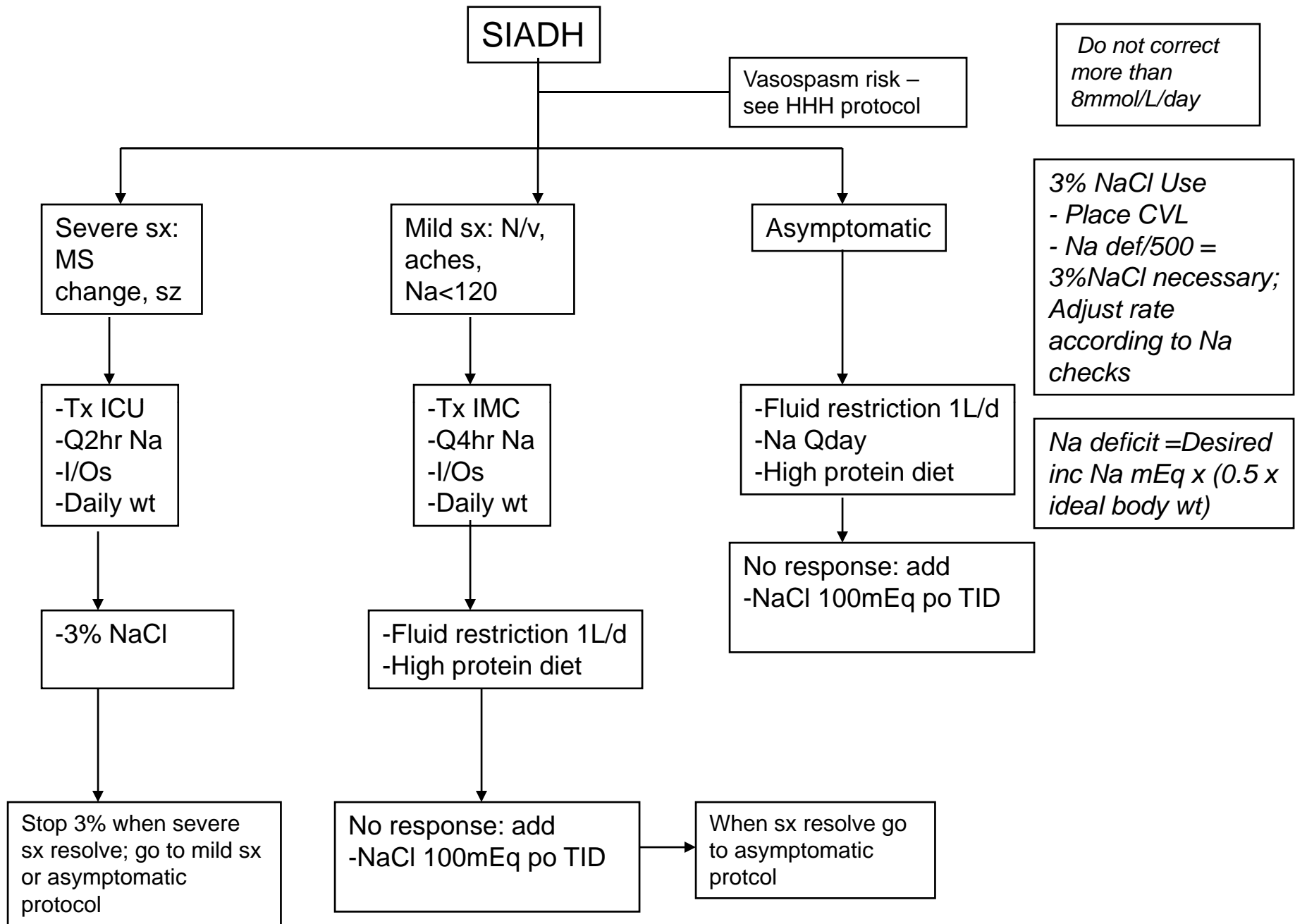
- Yes:
- CVP 6-8
  - Na Q4hr
  - 3% NaCl
  - Fluorinef x7d

- No:
- CVP 6-8
  - Na Q4hr
  - NaCl 100mEq po TID
  - NS IVF
  - Fluorinef x7d

*Do not correct more than 8mmol/L/day*

*3% NaCl Use*  
*- Place CVL*  
*- Na def/500 = 3%NaCl necessary;*  
*Adjust rate according to Na checks*

*Na deficit =Desired inc Na mEq x (0.5 x ideal body wt)*



SIADH

Vasospasm risk – see HHH protocol

Do not correct more than 8mmol/L/day

Severe sx:  
MS change, sz

Mild sx: N/v, aches, Na < 120

Asymptomatic

3% NaCl Use  
- Place CVL  
- Na def/500 = 3%NaCl necessary;  
Adjust rate according to Na checks

-Tx ICU  
-Q2hr Na  
-I/Os  
-Daily wt

-Tx IMC  
-Q4hr Na  
-I/Os  
-Daily wt

-Fluid restriction 1L/d  
-Na Qday  
-High protein diet

Na deficit =Desired inc Na mEq x (0.5 x ideal body wt)

-3% NaCl

-Fluid restriction 1L/d  
-High protein diet

No response: add  
-NaCl 100mEq po TID

Stop 3% when severe sx resolve; go to mild sx or asymptomatic protocol

No response: add  
-NaCl 100mEq po TID

When sx resolve go to asymptomatic protocol