**Hypernatraemia DR.METHAQ A.M. HUSSEIN** Major causes of causers of hypernatremia

**1.Unreplaced water loss**

(which requires an impairment in thirst or access to water)

Insensible and sweat losses

Gastrointestinal losses

Central or nephrogenic diabetes insipidus

Osmotic diuresis

Hypothalamic lesions impairing thirst or osmoreceptor function

 1.Primary hypodipsia

 2.Reset osmostat in mineralocorticoid excess

**2.Water loss into cells**

Severe exercise or seizures

**3.Sodium overload**

sIntake or administration of hypertonic sodium solutions

clinical features:altered mental status,confusion,seizures,coma,polyurea,sign and symptoms of underlying caus

**Treatment**

**A;Treatment of water depletion**

**B:Treatment of underlying causes**

Two questions must be addressed when this water deficit is corrected **,1.: How can the water deficit be estimated?** **2.At what rate can the plasma sodium concentration safely be normalize**

RATE OF CORRECTION — There are no definitive clinical trials, but data in children suggest that the maximum safe rate at which the plasma sodium concentration should be lowered is by ≤ 0.5 meq/L per hour and no more than by 12 meq/L per day

If the case acute(within 24 hr.) so should be treated rapidly with hypotonic 0.45% saline).