**ICU Hypertonic Saline for Increased ICP Adjustment Protocol Version 1 4/10/18**

**General**

 After provider order for initiation of a protocol, nursing may place orders found within the protocol using the Policy/Protocol - No Esign Req order source.

 Recommended for patient Age > 18 years old

**Goal: Serum Na+ 145-152 mEq/L**

**Nursing Orders**

When serum Na+ and serum osmolality results, notify provider immediately

If serum Na+ is less than 150: Draw Na+ and serum osmolality 6 hours from last draw

If serum Na+ is equal to or greater than 150: Draw Na+ and serum osmolality 4 hours from last draw

**IV Fluids - Maintenance Specific Fluid**

**Baseline:** **Give all bolus doses over 30 minutes**

Initial Serum Na+ < 137: Start 3% NaCl w/250 mL bolus, then 40 mL/h

Initial Serum Na+ 137-140: Start 3% NaCl w/150 mL bolus, then 35 mL/h

Initial Serum Na+ > 140: Start 3% NaCl at 35 mL/h

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| **Serum Na+** | **Treatment** |
| **<**135 | Increase by 10 mL/h to maximum rate of 70 mL/h.If at 70 mL/h, give 250 mL bolus of 3% NaCl x 1 |
| 135-144 | Increase by 5 mL/h to maximum rate of 70 mL/h.If at 70 mL/h, give 150 mL bolus of 3% NaCl x 1 |
| **145-152** | **Maintain infusion** |
| 153-155 | Decrease rate by 5 mL/h |
| 156-159 | Decrease rate by 15 mL/h |
| 160-163 | Hold infusion for 4 hours and restart at 50% of previous rate.**DO NOT** restart if sodium has increased by more than 1 mEq/h (e.g. 145 to 160 in 4 hrs.) **Restart on physician order** |
| 164-166 | Hold infusion, recheck sodium every 4 hours and restart at 20 mL/h **ONLY** when sodium is BELOW 156 mEq/L**DO NOT** restart if sodium has increased by more than 1 mEq/h (e.g. 150 to 165 in 4 hrs.) **Restart on physician order** |
| >166 | **Hold infusion. DO NOT** restart until ordered by physician |