

Electrolytes

Electrolytes are chemicals dissolved in body fluids and are commonly measured in mEq and include: salts, acids, bases, and some proteins

A natriuretic peptide is a peptide which includes natriuresis - the secretion of sodium by the kidneys

Atrial natriuretic peptide (ANP) or atrial natriuretic factor (ANF) is a natriuretic peptide hormone secreted from the cardiac atria - the main function of ANP is causing a reduction in expanded extracellular fluid (ECF) volume by increasing renal sodium excretion

Electrolytes are regulated by:

Normal organ & gland function

Intake, output

Acid-base balance

Hormones

Cell integrity

Electrolytes

Sodium

Major extracellular electrolyte

Controls & regulates water balance

Where sodium goes, water follows

Potassium

Major intracellular electrolyte

Helps maintain intracellular water balance

Transmit nerve impulses to muscles and contract skeletal and smooth muscles (e.g., cardiac)

Sodium Imbalance - Hyponatremia

Water excess or loss of sodium

Causes

Dilution

Polydipsia

Freshwater drowning

ADH

CHF (Excess Na⁺ loss)

Excretion

Sweating

Diuretics

GI wound drainage

Renal disease (Excess Na⁺ loss)

Intake

Low salt diet

Severe vomiting/diarrhea (inadequate Na⁺ intake to balance loss)

Signs & Symptoms

Sodium Imbalance - Hyponatremia (cont)

Stupor/coma

Anorexia, nausea & vomiting

Lethargy

Tendon reflexes decreased

Limp muscles (weakness)

Orthostatic hypertension

Seizures/headaches

Stomach cramping

What can you do?

3% normal saline

If caused by fluid excess, will need fluid restriction

Usually can't be fixed by adding sodium to the diet

Don't forget! Sodium must be replaced slowly!

Potassium Imbalance - Hypokalemia

Causes

Vomiting

NG suction

Diarrhea

Medications (diuretics, laxatives, insulin)

Signs & symptoms

Dysrhythmias

Weakness

Low BP

Weak pulse

Muscle weakness and paralysis

Diuresis

What can you do?

Cardiac monitor

Foods high in potassium

Potassium IV (only if good urine output)

Keep patient safe from falls



Basic Metabolic Panel/Urea & Electrolytes example

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL
Comp. Metabolic Panel (14)				
Glucose, Serum			mg/dL	65-99
BUN			mg/dL	6-24
Creatinine, Serum			mg/dL	0.76-1.27
eGFR If NonAfrican Am			mL/min/1.73	>59
eGFR If African Am			mL/min/1.73	>59
BUN/Creatinine Ratio				9-20
Sodium, Serum			mmol/L	134 - 144
Potassium, Serum			mmol/L	3.5-5.2
Chloride, Serum			mmol/L	97-108
Carbon Dioxide, Total			mmol/L	20-32
Calcium, Serum			mg/dL	8.7-10.2
Protein, Total, Serum			g/dL	6.0-8.5
Albumin, Serum			g/dL	3.5-5.5
Globulin, Total			g/dL	1.5-4.5
A/G Ratio				1.1-2.5
Bilirubin, Total			mg/dL	0.0-1.2
Alkaline Phosphatase, S			IU/L	25-150
AST (SGOT)			IU/L	0-40
ALT (SGPT)			IU/L	0-55

Organs & glands associated with F&E balance

Lungs & Liver

Heart

Sweat glands Excrete Na⁺, K⁺, Cl⁻, water

GI Tract Absorbs fluids & electrolytes

Kidneys Water, electrolytes; K⁺, Na⁺, Urea, and H⁺ ions

Sodium Imbalance - Hypermnatremia

Hypermnatremia is too much sodium

Causes Excess Na⁺ intake

Inadequate water intake

Excess water loss

Hypermnatremia results in fluid shift from ICF to ECF (water follows sodium)

Signs & symptoms F = Fever (low grade, flushed skin)

R - Restless (irritable)

I - Increased fluid retention and increased BP

E - Edema (peripheral & pitting)

D - Decreased urine output, dry mouth

What can you do? Treat the underlying cause

Diuretics

Sodium Imbalance - Hypermnatremia (cont)

Sodium must be reduced slowly to avoid swelling in the brain, causing seizures

Potassium Imbalance - Hyperkalemia

Very dangerous

Causes

Kidney failure (most common)

Use of salt or potassium supplements, receiving old blood (not very common anymore)

Cell destruction, Acidosis, hypoxia

Exercise, catabolic state

Use of potassium-sparing diuretics

Can get false high results if specimen not handled properly

Symptoms

Muscle weakness

Urine, oliguria, anuria

Respiratory distress

Decreased cardiac contractability

ECG changes

Reflexes - hyperreflexia, or areflexia

What can you do?

Cardiac monitor

Lasix if kidneys are functioning

Stop potassium in IV fluids

Have patient avoid foods high in potassium

Dialysis if severe

Recap

Hyponatremia

Hypernatremia Eating too much Na⁺/water loss/kidney failure Fluid retention, edema

Hypokalaemia Vomiting/diarrhea/diuretics Dysrhythmias, weakness

Hyperkalaemia Kidney failure/ingesting too much K⁺/acidosis Stops cardiac function/ECG changes



Magic 4 of electrolyte lab values

Electrolyte	Range	Magic 4
Potassium	3.5 – 5.5	4
Chloride	98 – 106	104
Sodium	135 – 145	140
pH	7.35 – 7.45	7.4
pCO ₂	35 – 45	40
HCO ₃	22 – 26	24

FYI – Hematocrit normal is 3 times the hemoglobin (10-14 is normal)

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