



Reporting of “Corrected Sodium”

Pathlab will start selectively reporting “Corrected Sodium” on patients on the **4th September 2017**. The ‘corrected sodium’ will be reported in addition to the measured sodium. This is in response to recommendations from Endocrinologists

Background:

The high extracellular (blood) glucose levels in patients with diabetic keto acidosis (DKA) and hyperosmolar hyperglycaemic syndrome (HHS) increases the osmolality of the extracellular fluid, shifting water from intracellular to extracellular, diluting sodium (in blood).

These patients typically lose more water (osmotic diuresis) than sodium. A patient with “normal” sodium will have high sodium when glucose is normalised.

The “corrected” sodium is a crude but still helpful way to predict what the sodium level would have been if the glucose was “normal”.

Corrected sodium = measured sodium + $[(\text{glucose} - 5.6) / 5.6] \times 2.4$

The corrected sodium can be used when calculating the “total body water deficit”.

Reporting of corrected sodium will be restricted to patients who have sodium requested, are above 15yrs of age and have a glucose >17mmol/L.

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