What Are The Three Types of Hyponatremia?

Volume Depleted
- Decrease in total body water
- Reduced free water clearance
- Increased sodium reabsorption

Volume Overloaded
- Increase in total body water
- Reduced osmotic threshold
- Increased sodium excretion

Hyponatremia Associated With Heart Failure:
- Decreased cardiac output
- Reduced renal blood flow
- Increased sodium reabsorption

What Is Your Hyponatremia Approach?

Partner with Fluid Restriction for Day 1 Response

- In mild to moderate hyponatremia, when you partner VAPRISOL with fluid restriction, patients can be in the safe range with positive change in serum sodium levels. VAPRISOL uses IV infusion for 2-4 days. If no rise in serum sodium, VAPRISOL may be titrated upward to 20 mg/day.

Use in Patients with Hepatic Impairment

ADVERSE REACTIONS
- Infusion site reactions (including phlebitis), pyrexia, hypokalemia, headache and orthostatic hypotension.

IMPORTANT LIMITATIONS
- Monitor volume status and serum sodium frequently for the first 72 hours of therapy.
- Limit the rate of rise by 6-7 mEq/L in the first 24 hours. Monitor volume status and serum sodium frequently for the first 24 hours. Over 24 hours, a mean increase of 12-14 mEq/L in sodium concentration is acceptable. In cases of severe hyponatremia, a rate of rise of 14-16 mEq/L is acceptable. Monitor serum sodium closely for the first 48 hours. Keep serum sodium levels under control and in the safe zone during those critical first 24 hours.

Use this as your guide to the safe rate of rise.

<table>
<thead>
<tr>
<th>Time Interval</th>
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<tbody>
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<td>1st 24 Hours</td>
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Monitor volume status and vital signs should be monitored.

Hypovolemia or Hypotension:
- Hyponatremia associated with heart failure:
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- Increased sodium reabsorption

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