

**Audit Template**

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| **Audit Title:**  Incidence and further laboratory investigation of hyponatraemia | |
| **Lead Auditor:**  Peter West | **Audit date(s):**  7th June 2012 |
| Please indicate if **Local / Regional / National Audit**  Please indicate which hospital & location or region  **Regional: Thames Audit Group** | **Report Author:**  Name:Peter West  Email: peterwest@nhs.net |
| **Aims of the Audit:**  To assess the incidence over a three month period of hyponatraemia found from requests from both adult inpatients and accident and emergency departments of hospitals within the Thames Region of the ACB and what further biochemistry investigations they would suggest or recommend. | |
| **Audit Method and Outcome(s):**  An audit questionnaire was devised by the lead auditor and ratified by the Thames Audit Group(TAG) committee.  It was then circulated to all members of the TAG and the responses analysed by the lead auditor.  The findings were presented by the lead auditor at the meeting of the TAG on 7th June 2012.  The audit highlighted the variation in the approach to hyponatraemia by biochemistry laboratories within this region with regard to suggesting or recommending further tests,what was reported and provision of guidelines.  Recommendations were drafted by the lead auditor,discussed and ratified by the TAG committee in January 2013. | |
| **Audit Recommendations / Standards:**  1.Hyponatraemia is a common finding in the hospital setting.  2. There are many causes of hyponatraemia and in many cases the cause may be obvious.  3. However,where the cause is uncertain,a number of additional biochemical investigations may help determine this and a failure to do so may result in the patient undergoing unnecessary procedures.receive inappropriate treatment and even prolong length of stay in hospital.  4. Such tests include a urine sodium,paired urine and serum osmolality,thyroid function tests and a 9am cortisol.  5. Reflex testing for lipids and proteins is recommended in order to exclude pseudohyponatraemia.  6. Trusts should have a guideline available for the investigation and management of hyponatraemia and biochemists have a contribution to make in working with their clinical colleagues on the laboratory investigation of hyponatraemia and this should possibly include a section on the diagnosis of SIADH.  7. Algorithms are available to assist in which biochemical tests are useful according to the volume status of the patient. | |
| **Please indicate to whom and when audit presented &/or circulated&/or published:**  Audit findings presented at the meeting of the Thames Audit Group on 7th June 2012 | |
| **Audit recommendations / standards ratified by … and when:**  Recommendations ratified by the Thames Audit Group committee in January 2013 | |
| **Date of audit report:**  7th June 2012 | |
| **Audit documents for upload to** [**http://www.acb.org.uk/whatwedo/science/audit.aspx**](http://www.acb.org.uk/whatwedo/science/audit.aspx) | |