

SCOPE: CCT, MatCh	
MEDICATION:	3% SALINE (Hypertonic Saline)
INTERVENTION:	<p><u>Classification:</u> Sodium Salt Electrolyte Replacement</p> <p><u>Actions:</u> Establishes an osmotic gradient that reduces brain water content</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> • Hypersensitivity to sodium chloride or any component of the formulation • Hypertonic uterus • Hyponatremia <p><u>Precautions:</u></p> <ul style="list-style-type: none"> • Avoid extravasation, vein vesicant; ensure proper needle or catheter placement prior to and during infusion <p><u>Dosage:</u></p> <ol style="list-style-type: none"> I. <u>Increased ICP/Cerebral Herniation:</u> <ol style="list-style-type: none"> a. Adult: <ol style="list-style-type: none"> i. IV/IO: 250 ml over 15 min b. Pediatric: <ol style="list-style-type: none"> i. IV/IO: 10 ml/kg over 10-15 minutes (max dose 250ml) <ol style="list-style-type: none"> 1. For continued signs of intracranial hypertension, may give 4 ml/kg, 30 min after initial bolus <p><u>Onset of Action:</u> Rapid</p> <p><u>Duration:</u> ~1 hour</p> <p><u>Adverse Effects:</u> Hemolysis, sodium toxicity</p> <p><u>Special Considerations:</u></p> <ol style="list-style-type: none"> I. Sodium toxicity: Rate of correction is dependent upon whether or not hyponatremia is acute or chronic. Sodium toxicity (eg, osmotic demyelination syndrome) is almost exclusively related to how fast a sodium deficit is corrected; both rate and magnitude are extremely important.

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

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Revised Date:	
Effective Date: 06/01/18	Page 1 of 1