



# Sodium

## Synonyms

Na

## Clinical Indication

- Monitoring patients with dehydration or excessive fluid losses
- Monitoring patients with oedema.
- Monitoring patients on parenteral fluid replacement.
- Monitoring the treatment of patients with hyperglycaemic conditions (ketoacidosis and hyperosmolar hyperglycaemic state).
- Monitoring patients on drugs known to cause hyponatraemia or (less often) hypernatraemia.
- Investigation of patients with unexplained central neurological symptoms or signs.

## Part of Profile / See Also

Urea and Electrolytes (UE)

## Request Form

Combined Pathology manual Blood form or ICE request

## Availability / Frequency of Analysis

On request

## Turnaround Time

Same day

## Patient Preparation

## Sample Requirements

### Specimen Type

Serum and plasma

### Volume

1 ml

### Acceptable Containers



Yellow top (SST) tube



Green top (lithium-heparin) tube



paediatric green top (lithium-heparin)

Plain serum samples may also be used.

## Reference Range & Units

133 - 146 mmol/L

## Interferences

Severe hyperlipidaemia and hyperproteinaemia may cause the results to be artificially low.

Severe hypoproteinaemia may cause the results to be artificially high.

Contamination of the sample with fluoride oxalate or citrate sample tubes can cause spurious increase in sodium concentration.

## Interpretation & Clinical

### Decision Value (if applicable)

Pseudohyponatraemia may be observed in the presence of severe hyperlipidaemia and hyperproteinaemia due to the electrolyte exclusion effect.

Direct measurement of sodium on a blood gas analyser can exclude artificially

low or high sodium results..

**References**

**Test code**

UE

**Lab Handling**

Analysed from primary tube and stored at 4°C.  
Serum and plasma stable for 45 days at 4°C.