

Causes

- Associated \dot{c} hypernatremia & \downarrow HCO_3^-
- \uparrow Absorption by bowel
- \uparrow Intake NaCl
- Metabolic acidosis
 - Dehydration
 - Renal tubular acidosis
 - DI
 - RF
 - Respiratory alkalosis
 - Salicylate toxicity
 - Hyperparathyroidism
 - Hyperaldosteronism
 - Hypernatremia
- Cl^- retention from meds

Associated Drugs

- Acetazolamide
- Ammonium Chloride
- Androgens
- Cortisone
- Phenylbutazone
- Salicylates (overdose)
- Kayexalate
- Triamterene

Hyperchloremia

> 108 mEq/L

Associated \dot{c} metabolic acidosis
& rarely occurs alone.

\uparrow $\text{Cl}^- = \uparrow$ Na^+
 \uparrow $\text{Cl}^- = \downarrow$ HCO_3^-

S/S

- S/S of metabolic acidosis
 - Tachypnea, Lethargy, Weakness, Dehydration, Hypotension, \downarrow Cognitive ability, Kussmaul's respirations
 - Can lead to Arrhythmias, \downarrow CO , \downarrow LOC, Coma
- S/S of hypernatremia & hypovolemia
 - Fluid retention, Agitation, Dyspnea, Tachycardia, HTN, Pitting edema

Tx

- Fluids
- \downarrow Na^+ and Cl^- intake
- Lactated Ringers
- IV sodium bicarb

Labs/Diagnostics

- Serum $\text{Cl}^- > 108$
- Serum $\text{Na}^+ > 145$
- $\text{pH} < 7.35$, $\text{HCO}_3^- < 22$, normal anion gap = metabolic acidosis