

Causes

- ↓ Intake
 - Infants fed Cl⁻ deficient formula
 - Na⁻ restricted diets
 - IV fluids w/o electrolytes
- Excessive loss
 - Prolonged V, D
 - Severe diaphoresis
 - Burns
 - Addison's disease
 - Gastric surgery
 - NG suctioning
 - CF patients
 - Diuretics
- Na⁺ or K⁺ deficiency
- Metabolic alkalosis
- DKA
- H₂O intoxication
- Rapid removal of ascetic fluid during paracentesis
- HF

Associated Drugs

- Loop, Osmotic & Thiazide diuretics
- Bicarb
- Corticosteroids
- Laxatives
- Theophylline

Hypochloremia

< 96 mEq/L

↓ Na⁺ = ↓ Cl⁻

Helps maintain osmolarity & H₂O balance

↓ Cl⁻ = kidneys retain HCO₃⁻ = alkalosis

S/S

- S/S of hyponatremia, hypokalemia, **metabolic alkalosis**
- **Hypoventilation (compensatory)**
- Tetany, **Hyperactive DTR**, Muscle hypertonicity
- **Muscle cramps, Twitching, Weakness**
- Agitation, Irritability
- Arrhythmias, Seizures, Coma, Respiratory arrest

Tx

- Oral intake (salty broth)
- Oral supplements
- IV NS
- IV KCl (if K⁺ ↓)

Labs/Diagnostics

- Serum Cl⁻ < 96
- Serum Na⁺ < 135
- pH > 7.45
- Serum HCO₃⁻ > 26