Clinical status and intervention
Fluid resuscitation in shock
Intravenous bolus of isotonic saline, 10 mL per kg, repeated as required
Initial rehydration and correction of hypernatremia
Free water deficit (36.48 ml per kg per 24 hour) plus usual maintenance fluid targeting
reduction in service sodium at a rate of 0 formed/l per bour
reduction in serum solution at a rate of 0.5 minor/1 per nou
Subsequent rehydration and correction of hypernatremia
Serum sodium levels were checked every 6 hour. Subsequent composition of fluid and its rate of
infusion was guided by drop in serum sodium levels and urine output
Parameters monitored
Clinical and non-invasive monitoring
Heart rate, respiratory rate, SpO_2 , and temperature were continuously monitored. Blood
pressure, capillary refill time and Urine output were checked at every one hour.
Blood/serum parameters
Serum electrolytes (sodium, potessium, and calcium), blood sugar and blood gas, every 6
serun cieculo yes (solutin, polassiun, and careturin, otoo sugar and blood gas - every o
nourly initially. Renal function tests (serum urea, creatinne), and liver function tests (serum
bilirubin, serum aspartate aminotransferase, serum alanine aminotransferase) – daily initially.
Complete hemogram was done on admission, and was repeated, if abnormal hematocrit or
platelet deficiency was observed or required correction.

Web Box I Management Protocol of Hypernatremia Followed in the Study