



Hyponatremia: Virtual Acute Care Unit

This leaflet is for patients who are discharged home following diagnosis of low sodium levels in your blood (hyponatraemia). It explains how you can monitor yourself at home to make sure your body's oxygen levels, heart rate and blood pressure remain safe.

VACU telephone: 0118 322 5201 (8am-8pm, Mon-Sun)

VACU email rbb-tr.vhs@nhs.net

Out of hours: 111 or 999



What is the Virtual Acute Care Unit?

- VACU is a hospital service that helps you recover safely at home, after an illness or flare-up, while still having access to hospital support if you need it. This may reduce the chance of complications or needing to return to hospital
- Your clinician says you are well enough to leave hospital safely, but that you need short-term follow-up from the healthcare team.
- The follow-up you receive will depend on your condition and how you are recovering. Some patients may have individual needs for daily hospital treatment or monitoring at first.
- You will receive regular telephone calls with a clinician and will need to return to our unit for blood tests until your levels are satisfactory. If you do become more unwell, the VACU team will ensure you receive appropriate and timely treatment.

What is hyponatremia?

Sodium levels in the blood should be tightly controlled by your body. Hyponatraemia is a low level. Various chemical messengers (hormones) and organs in your body are involved in this process – for example, hormones such as the anti-diuretic hormone and cortisol, and organs such as the brain and kidneys. There is a very close relationship between body sodium and body fluid levels.

What causes hyponatraemia?

Your body controls the level of sodium in your blood in various ways, including:

- Kidneys – which can remove or retain sodium in the blood.
- Anti-diuretic hormone (also known as vasopressin) – a hormone that works to retain body fluid.
- Your renin angiotensin and aldosterone system, which regulates the removal of sodium by the kidneys and levels of fluid in the body, and maintains blood pressure.

A typical normal range of blood sodium is 135-145 mmol/L, though 'normal' will vary slightly between different laboratories.

Mild hyponatraemia occurs when the level is less than 135 mmol/L.

Severe hyponatraemia is a level less than 120 mmol/L.

Hyponatraemia is very common, especially mild hyponatraemia. It occurs equally in men and women and has 3 types:

- Body fluid levels are normal (euvolaemic).
- Reduced body fluid levels (hypovolaemic) – the most common cause of which is dehydration.
- Increased body fluid levels (hypervolaemic) – an example of which is heart failure, leading to fluid retention.

The levels of sodium in the urine may help to determine the underlying cause.

Some patients are more at risk of hyponatraemia. This includes elderly people who may be less likely to say they are thirsty and who may be taking medicines that cause hyponatraemia as a side-effect, or suffer from medical conditions associated with hyponatraemia (e.g. kidney or liver disease and heart failure).

What are the symptoms of hyponatraemia?

The symptoms and severity of hyponatraemia depend on the following 2 factors:

- The level of the blood sodium.
- How quickly the sodium level falls. In 'acute' hyponatraemia there is usually a sudden fall in blood sodium levels (over hours), whereas in 'chronic' hyponatraemia the fall occurs over days or weeks.

If the levels are only mildly abnormal, you may have no or only mild symptoms. However, if the drop in sodium level is sudden, even mild hyponatraemia can cause significant symptoms. On the other hand, severe chronic hyponatraemia can cause no symptoms, due to the body (especially the brain) adapting over time to the lower levels.

Symptoms include:

- Mild hyponatraemia – lack or loss of appetite (anorexia), headache, feeling sick (nausea), being sick (vomiting), and lack of energy and enthusiasm (lethargy).
- Moderate hyponatraemia – personality change, muscle cramps and weakness, confusion, and lack of muscle co-ordination (ataxia).
- Severe – drowsiness and fits (seizures).

A guide to fluid restriction *(this section only applies if the medical team have advised you to restrict your fluid intake)*

Why is fluid restriction important?

You need to restrict your fluid intake if your body is holding water. This is called fluid retention (oedema). It can range in severity and can cause health problems, such as tissue and blood vessel damage, long-term swelling, and stress on the heart if left untreated. The symptoms of fluid retention will depend on the area it affects. Common areas include the lower legs, the hands, abdomen, and chest. Symptoms might include raised blood pressure, swollen ankles, legs, face or abdomen, and breathlessness.

Your treatment team may suggest you follow a fluid restriction diet to help relieve your symptoms.

Your fluid allowance

Ask your healthcare professional how much fluid you can have each day as this may vary over time. Your daily fluid allowance is _____ ml.

Please track your fluid intake at home. During your telephone/face to face consultation we will review this.

How to track your fluid intake

Fluid includes all drinks, and anything that is liquid at room temperature, e.g. water, tea, coffee, milk, alcohol, soft and fizzy drinks, cordial, fruit juice, etc. You should also count foods with a high fluid content in your daily allowance, e.g. soup, gravy, custard and ice cream – count half the volume of these as fluid. Remember to include the fluid you use to swallow medicines in your records.

The following measures will help you to add up your daily fluid intake:

- 1 average mug = 300ml
- 1 average teacup = 200ml
- 1 average glass tumbler = 200ml
- 1 canned drink = 330ml
- 1 ice cube = 10-20ml

Useful conversions

- 1 pint = approximately 600mls
- 1 litre or 1000 mls = approximately 1¾ pints

Tips for fluid control

- Sip beverages and use smaller cups.
- Half fill your cup or glass when you have a drink.
- Avoid 'topping up' your drink as this will make it harder to keep track of fluid intake.
- Plan ahead and spread your fluids throughout the day.
- Drink between meals rather than with your meals.
- For every drink or liquid food that you have during the day, pour the same amount of water into an empty jug. You will then be able to measure your intake of fluid as the day goes on and judge how much fluid is left from your allowance for the rest of the day.
- Take pills with very small sips of water, or try apple sauce or other soft foods instead of water to help swallow them.

Hints for reducing thirst

- Avoid salty and spicy food as these can make you thirsty. Foods high in salt include processed meats, canned vegetables, packet and tinned soup, cheese, sauces, gravy, snack foods (salted nuts, crisps), pastry, and most takeaway foods and ready meals.
- Avoid adding salt or high salt condiments such as ketchup to your food.

- Ice cubes, ice-lollies, cubes of frozen squash or fizzy drinks may be more satisfying than a drink – but remember to include these in your fluid allowance.
- Try sucking boiled sweets or lemon slices.
- Eat mints or chew chewing gum.
- Try using a mouth wash or rinse your mouth with ice cold water.
- Try frozen grapes or pineapple chunks (unless you have been advised to restrict these foods).

Virtual appointments

- Our team will phone you every day until we determine you are getting better.
- We will ask about your symptoms and ask you to give us a reading from your pulse oximeter and your blood pressure monitor.
- If you have not heard from us by 1pm on the first day after you were sent home from hospital, call our Virtual Acute Care Unit phone number.

Alarm signs and what to do next

Seek help via our Virtual Acute Care Unit number, 111 or 999 in the following cases:

New or worsening symptoms of:

- Loss of appetite
- Headache
- Feeling sick or being sick (vomiting)
- Personality change or confusion
- Muscle cramps and weakness
- Lack of muscle co-ordination.
- Drowsiness or fits (seizures)

If you have any questions or concerns, do not hesitate to call our Virtual Acute Care Unit number – we are happy to help as we know this can be very stressful and scary.

0118 322 5201

Are you a carer?

Carers give unpaid care to a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The Royal Berkshire NHS Foundation Trust is committed to recognising their valuable role. If you would like any additional support or information please speak to our team or visit our Carers Support webpage. www.royalberkshire.nhs.uk/patients-and-visitors/accessible-information-and-reasonable-adjustments/carers-support

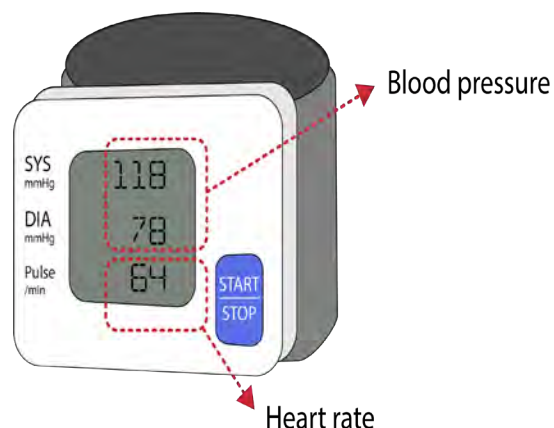
Instructions for using the equipment

The VACU team may give you a blood pressure monitor to use at home.

The clinician looking after you will let you know how often to record this. You can write these readings down, and let us know when we phone you.

Using your blood pressure monitor at home

- Ensure you are seated comfortably and rest for a few minutes before taking the readings.
- Attach the cuff to your upper arm, against your skin (and not over clothing).
- Press the START/STOP button to start measuring your blood pressure – the cuff will pump up, which may feel a bit uncomfortable for a short period.
- The monitor will give you three readings.
- The top two readings are your blood pressure.
- The bottom number is your heart rate.
- You can view the full instruction manual by searching online for “Omron RS1 manual”.

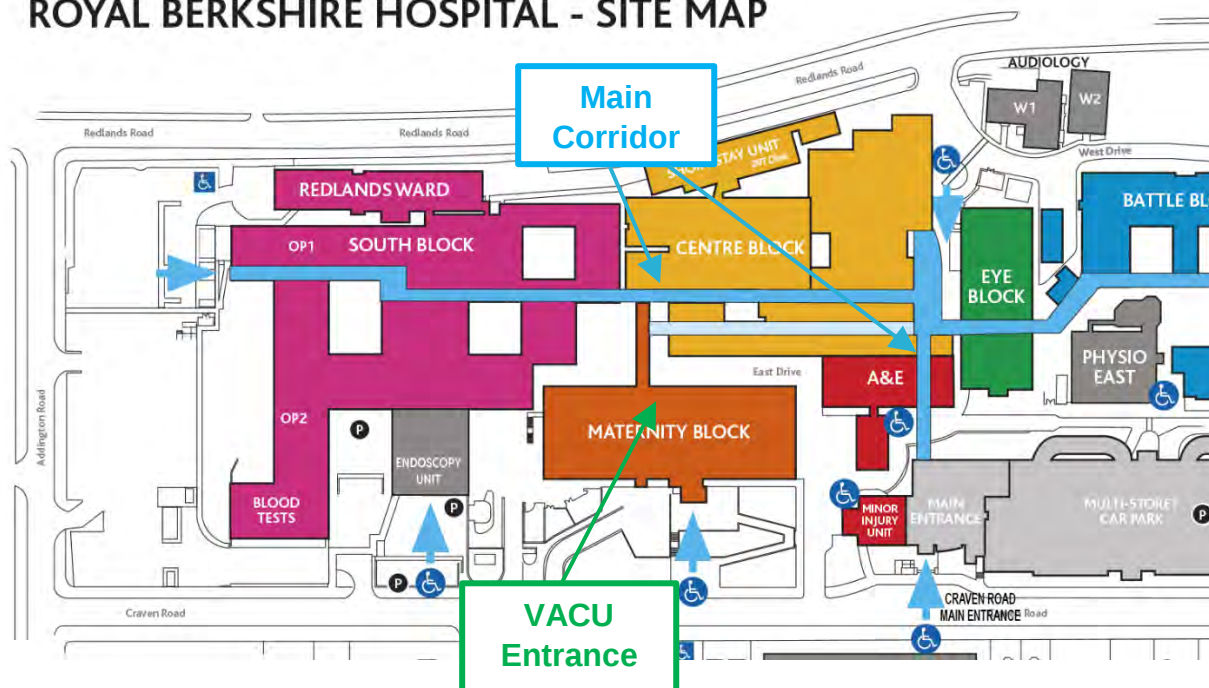


Returning the devices

Once you have recovered, please return any devices provided by VACU to the drop-off box located in the Virtual Acute Care Unit in **Maternity Block, level 2** – see map below.

Open Mon-Sun, 8am-8pm. **Please do not return them to the Emergency Department (A&E).**

ROYAL BERKSHIRE HOSPITAL - SITE MAP



To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Virtual Acute Care Unit, June 2026.

Next review due: June 2028.