



# REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

**sodium chloride 3%**



**Effective Date:** Mar 2014

**Revised Date:** Dec 2022

CLASSIFICATION  
**Electrolyte**

OTHER NAMES  
**Hypertonic Saline**

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**ADMINISTRATION POLICY:**

- IV Infusion:** - May be administered by a nurse
- IV Intermittent:** - May be administered by a nurse
- IV Bolus:** - May be administered by a nurse
- IM/ Subcut:** - *Do not administer*

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

**Available as:** 0.3% NaCl 250 mL pre-mixed bag (0.513 mmol/mL sodium)

**IV:** Administer undiluted the prescribed dose via a large peripheral vein or a central venous access device.

**IV Infusion: Pump Library:**

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mL/h	NaCl 3%	Critical Care

**DOSAGE:** (1 mmol sodium = 1 mEq sodium)

**Acute Hyponatremia:**

- Asymptomatic: 50 mL IV Bolus over at least 5 minutes
- Symptomatic: 100 mL IV Intermittent over 10 minutes, may repeat up to a total of 3 doses over a period of 30 minutes OR  
150 mL IV Intermittent over 20 minutes up to a total of 2 doses

**Chronic Hyponatremia:**

- Mild to moderate: 15 to 30 mL/ hour IV infusion
- Severe: 100 mL IV Intermittent over 10 minutes, may repeat up to a total of 3 doses over a period of 30 minutes OR  
150 mL IV Intermittent over 20 minutes up to a total of 2 doses

**Maximum rate:**

- IV Bolus: 50 mL over 5 minutes
- IV Intermittent: 100 mL dose over 10 minutes  
150 mL dose over 20 minutes
- IV Infusion: 100 mL per hour

**Maximum concentration:** 3%

**STABILITY/COMPATIBILITY:**

**Stability of pre-mixed solution:** 24 hours at room temperature once spiked

**Compatibility:** Compatible with D5W, Normal Saline and Lactated Ringer



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- PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**
- Hypokalemia, hypernatremia, hypervolemia
  - May cause severe vein irritation/phlebitis; avoid extravasation
  - The goal of sodium correction is to increase the serum sodium by 6-8 mmol/L in 24 hours
  - If correction occurs too rapidly the patient is at risk of developing osmotic demyelination syndrome

- ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**
- Monitor fluid, electrolyte, and acid-base balance closely
  - Use with caution in patients with CHF, renal insufficiency, liver cirrhosis, and patients receiving corticosteroids