

## Overview

### Useful For

Assessing acid-base balance, water balance, water intoxication, and dehydration

### Method Name

Potentiometric, Indirect Ion-Selective Electrode

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Necessary Information

Patient's age and sex are required.

### Specimen Required

#### Collection Container/Tube:

**Preferred:** Serum gel

**Acceptable:** Red top

#### Submission Container/Tube:

Plastic vial

#### Specimen Volume:

0.5 mL

#### Collection Instructions:

1. Serum gel tubes should be centrifuged within 2 hours of collection.

2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

### Forms

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-[Kidney Transplant Test Request](#)

-[Cardiovascular Test Request Form](#) (T724)

### Specimen Minimum Volume

0.25 mL

### Reject Due To

Gross hemolysis	Reject
Gross lipemia	OK

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Ambient	14 days	

**Clinical & Interpretive****Clinical Information**

Sodium is the primary extracellular cation. Sodium is responsible for almost one-half the osmolality of the plasma and, therefore, plays a central role in maintaining the normal distribution of water and the osmotic pressure in the extracellular fluid compartment. The amount of sodium in the body is a reflection of the balance between sodium intake and output.

Hyponatremia (low sodium) is a predictable consequence of decreased intake of sodium, particularly that precipitated or complicated by unusual losses of sodium from the gastrointestinal tract (eg, vomiting and diarrhea), kidneys, or sweat glands. Renal loss may be caused by inappropriate choice, dose, or use of diuretics; by primary or secondary deficiency of aldosterone and other mineralocorticoids; or by severe polyuria. It is common in metabolic acidosis. Hyponatremia also occurs in nephrotic syndrome, hypoproteinemia, primary and secondary adrenocortical insufficiency, and congestive heart failure. Symptoms of hyponatremia are a result of brain swelling and range from weakness to seizures, coma, and death.

Hypernatremia (high sodium) is often attributable to excessive loss of sodium-poor body fluids. Hypernatremia is often associated with hypercalcemia and hypokalemia and is seen in liver disease, cardiac failure, pregnancy, burns, and osmotic diuresis. Other causes include decreased production of antidiuretic hormone (ADH; also known as vasopressin) or decreased tubular sensitivity to the hormone (ie, diabetes insipidus), inappropriate forms of parenteral therapy with saline solutions, or high salt intake without corresponding intake of water. Hypernatremia occurs in dehydration, increased renal sodium conservation in hyperaldosteronism, Cushing syndrome, and diabetic acidosis. Severe hypernatremia may be associated with volume contraction, lactic acidosis, and increased hematocrit. Symptoms of hypernatremia range from thirst to confusion, irritability, seizures, coma, and death.

**Reference Values**

<1 year: not established

> or =1 year: 135-145 mmol/L

**Interpretation**

Symptoms of hyponatremia depend primarily upon the rate of change in sodium concentration, rather than the absolute level. Typically, sodium values less than 120 mEq/L result in weakness; values less than 100 mEq/L result in bulbar or pseudobulbar palsy; and values between 90 and 105 mEq/L result in severe signs and symptoms of neurological impairment.

Symptoms associated with hypernatremia depend upon the degree of hyperosmolality present.

**Cautions**

No significant cautionary statements

**Clinical Reference**

Tietz Textbook of Clinical Chemistry. Edited by CA Burtis, ER Ashwood. WB Saunders Company. Philadelphia, PA, 1994

**Performance****Method Description**

Ion-selective electrode (ISE) (indirect potentiometry). The ISE module performs indirect measurement of electromotive force (EMF). The ISE module measures the EMF difference between an ion-selective electrode and a reference electrode. The EMF of the ion-selective electrode is dependent on the ion concentration of the sample. The EMF of the reference electrode is constant. An electronic calculation circuit converts EMF of the sample to the ion concentration of the sample.(Package insert: Roche Diagnostics ISE reagent; Indianapolis, IN, 2006)

**PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**Report Available**

Same day/1 to 2 days

**Specimen Retention Time**

1 week

**Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Main Campus

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

**CPT Code Information**

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84295

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
NAS	Sodium, S	2951-2

Result ID	Test Result Name	Result LOINC® Value
NAS	Sodium, S	2951-2