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INTRODUCTION

The ABC notes' objective is to promote quality in patients' care, particularly in the 'developing' part of the world where access to resources is limited.

The notes are meant to provide information to aid trainees and general clinicians caring for adult patients. It is not proposed that they are used to set up a standard of care or an exclusive management plan; it is the responsibility of the clinician to interpret and apply the information they contain. Practice will understandably not be uniform, depending on the available resources; health-care professionals should treat every case on its own merits. Contact a senior colleague or an expert if in doubt.

The stepwise structure given in the clinical management flowcharts is to ensure simplification and consistency in clinical decision-making.

Introductory General Principles about Electrolyte disorders:

1. Laboratory personnel are to telephone abnormal results to the treating team or the ward. Always compare with previous results, when available;
2. The symptoms and signs (S/S) are usually proportionate to the degree and speed at which the electrolyte imbalance (increase/decrease) develops. The S/S are prominent when the imbalance in s[electrolyte] occurs rapidly or is large;

3. A thorough history and physical examination usually discloses the **cause** and guides **management** – causes are typically evident from the history;
4. Management depends on a comprehensive history, thorough physical examination, and selective investigations. Apply the ABCDE approach in very ill patients;
5. Secure proper intravenous (IV) access for IV replacement: **large veins**, or CV line if access **poor for K, Ca, PO₄**, and Mg replacement infusions. Use an **infusion pump** to prevent overly rapid administration when replacing all five electrolytes;
6. **Prevention** of electrolytes imbalance:
 - A. Proper assessment of body fluid balance status. Use IV fluids only if oral or enteral route is not possible. Apply the five Rs, intravenous fluid chapter.
 - B. Ill patients need closer monitoring to avoid electrolytes imbalance;
 - C. Remove, and treat any precipitating factor(s);
 - D. Fluid balance charts should be designed to include:
 - a. Input prescription – type, route, and rate of administration. Guidance for fluid selection. Methods for calculating infusion fluid requirements;
 - b. Output monitoring – UOP, fluid losses from gastrointestinal or skin, daily weighing;
 - c. Monitoring of serum electrolyte levels.

The ABC notes are written for the non-specialist. The chapter on management of AKI is written principally to inform the non-specialist, including when to involve the intensivist and the nephrologist. The practical exercises are basic, discussing important clinical themes. They will hopefully consolidate the information given.

Consultation of the local guidelines, and of the local formulary, if available, is advised for prescription purposes.

More elaboration on the booklet subjects will soon be provided in PowerPoint format, on the web, to provide more insight and to aid teaching. Finally, comments and suggestions to improve the booklet are sincerely invited. Kindly communicate through the e-mail: eltoumma@yahoo.co.uk

Conflict of interest disclosure: None