Diagram of ongoing losses

Vomiting and nasogastric tube loss
- Gastric fluid contains:
  - 20–60 mmol Na⁺/l
  - 14 mmol K⁺/l
  - 140 mmol Cl⁻/l
  - 60–80 mmol H⁺/l
- Excessive loss causes a hypochloremic (hypokalaemic), metabolic alkalosis. Correction requires supplemental K⁺ and Cl⁻.

"Pure" water loss (eg fever, dehydration, hyperventilation)
- Mainly insensible water loss (ie relatively low electrolyte content); results in potential hypovolaemia.

Biliary drainage loss
- 145 mmol Na⁺/l
- 5 mmol K⁺/l
- 105 mmol Cl⁻/l
- 30 mmol HCO₃⁻/l

Diarrhoea or excess colostomy loss
- 30–140 mmol Na⁺/l
- 30–70 mmol K⁺/l
- 20–60 mmol HCO₃⁻/l

High volume ileal loss via new stoma, high stoma or fistula
- 100–140 mmol Na⁺/l
- 4–5 mmol K⁺/l
- 75–125 mmol Cl⁻/l
- 0–30 mmol HCO₃⁻/l

Lower volume ileal loss via established stoma or low fistula
- 50–100 mmol Na⁺/l
- 4–5 mmol K⁺/l
- 25–75 mmol Cl⁻/l
- 0–30 mmol HCO₃⁻/l

Pancreatic drain or fistula
- 125–135 mmol Na⁺/l
- 8 mmol K⁺/l
- 36 mmol Cl⁻/l
- 35 mmol HCO₃⁻/l

Jejunal loss via stoma or fistula
- 140 mmol Na⁺/l
- 5 mmol K⁺/l
- 135 mmol Cl⁻/l
- 6 mmol HCO₃⁻/l

Inappropriate urinary loss (eg polyuria)
- Na⁺ and K⁺ very variable, so monitor serum electrolytes closely. Match hourly urine output (minus 50 ml) to avoid intravascular depletion.

Source: Copyright – National Clinical Guideline Centre

‘Intravenous fluid therapy in adults in hospital’, NICE clinical guideline 174 (December 2013)
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