

CHLORIDE [Cl⁻]

- Alteration in serum chloride is seldom a primary disturbance.
- A major extracellular anion.
 - Capable of ↑&↓ according to concentration of other anions.
- Plays a major role in maintenance of urine output, ECF, acid-base & potassium balance.

HYPOCHLORAEMIA.

- Usually manifests when levels are < 95 mmol/L
- Caused by;
 - Excessive diuresis
 - Vomiting or NGT drainage/suction
- Volume loss → alkalosis
- When Cl⁻ is lost, there is an increase in Na⁺ & HCO₃⁻.

Symptoms & Signs.

- No specific findings of hypochloraemia
- Urinary Cl⁻ is LOW (< 10 mmol/L) in *chloride-responsive alkalosis*.
- Urinary Cl⁻ is HIGH (> 40 mmol/L) secondary to volume overload or dilution.

Treatment.

- Treat the underlying pathology.
- Chloride-responsive alkalosis is treated with IV normal saline.

Recall: Cl⁻ is lost in urine (with H⁺ & K⁺) with retention/preservation of Na⁺ is HCO₃⁻.

HYPERCHLORAEMIA.

- Excessive chloride is usu. a result of excessive saline administration, volume depletion and NAGMA.
- Treatment is guided towards the underlying cause.