

A service of the U.S. NATIONAL LIBRARY OF MEDICINE and the NATIONAL INSTITUTES OF HEALTH

Print this page

Close this window

Medical Encyclopedia: Serum chloride

URL of this page: http://www.nlm.nih.gov/medlineplus/ency/article/003485.htm

Definition

Serum chloride test measures the amount of chloride in serum, the fluid portion of the blood.

How the test is performed

Blood is drawn from a vein or capillary. The laboratory centrifuges the blood to separate the cells from the serum. The chloride test is done on serum.

How to prepare for the test

Your doctor may instruct you to withhold drugs that can affect the test, such as:

- Drugs that may increase serum chloride measurements include acetazolamide, ammonium chloride, androgens, cortisone, estrogen, guanethidine, methyldopa, and NSAIDs.
- Drugs that may decrease serum chloride measurements include aldosterone, drugs containing bicarbonate, some diuretics, and triamterene.

Never stop taking medication unless instructed by your doctor.

Why the test is performed

Chloride (CI-) is the major negative ion in the fluid outside the body's cells. Its main function is to maintain electrical neutrality, mostly as a counter-ion to sodium. Changes in the chloride level often accompany sodium losses and excesses.

Normal Values

Normal values may vary slightly from laboratory to laboratory. A typical normal range is 96 - 106 mEg/L.

Note: mEq/L = milliequivalents per liter

What abnormal results mean

Greater-than-normal levels may indicate:

- Respiratory alkalosis
- · Metabolic acidosis due to GI bicarbonate loss
- Bromism (excess intake of bromide, usually with sub-standard anticonvulsants)
- · Excess infusion of normal saline
- Carbonic anhydrase inhibitors

· Renal tubular acidosis

Lower-than-normal levels may indicate:

- Addison's disease
- Burns
- Chronic compensated respiratory acidosis
- · Congestive heart failure
- Gastric suction or vomiting
- Over hydration
- Excessive sweating
- Salt-losing nephritis
- Syndrome of inappropriate ADH secretion
- Metabolic alkalosis

Additional conditions under which the test may be performed:

- Multiple endocrine neoplasia (MEN) II
- · Primary hyperparathyroidism

Update Date: 6/13/2005

Updated by: Debbie Cohen, M.D., Renal and Electrolyte Division, University of Pennsylvania Medical Center, Philadelphia, PA. Review provided by VeriMed Healthcare Network.





A.D.A.M., Inc. is accredited by URAC, also known as the American Accreditation HealthCare Commission (www.urac.org). URAC's accreditation program is the first of its kind, requiring compliance with 53 standards of quality and accountability, verified by independent audit. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s editorial process. A.D.A.M. is also a founding member of Hi-Ethics (www.hiethics.com) and subscribes to the principles of the Health on the Net Foundation (www.hon.ch).

The information provided should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed physician should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Adam makes no representation or warranty regarding the accuracy, reliability, completeness, currentness, or timeliness of the content, text or graphics. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. Copyright 2005, A.D.A.M., Inc. Any duplication or distribution of the information contained herein is strictly prohibited.