McCarthy, Miriam

From: Edward Sumner [esumner[redacted]]
Sent: 17 December 2001 15:52
To: McCarthy, Miriam
Subject: Re: Hyponatraemia

Dear Dr McCarthy - thank you for asking my opinion on this rather tricky matter.
My views are that intraoperatively, patients do NOT need dextrose, thought
it should be measured (Dextrostix) routinely. Hartmann's is a very suitable
maintenance fluid ands should be given STRICTLY in line with the guidelines
ie 10 ml per kilo for the first hour and subsequent hours 8 per kilo.
Colloid loss should be replaced with colloid and gastrointestinal losses with saline.
If the case is at all complex sodium, potassium and haematocrit should be
measured regularly throughout the case.
Postoperatively, fluid should be restricted for the first 24-48 hours because of inappropriate ADH associated with surgical stress.
At GOS we give 2ml per kg per hour of 4% (10% for newborns) dextrose/.18%
saline for the first 24hours BUT replace colloid losses with the appropriate
colloid and intestinal losses with an equal volume of normal saline with 10mmol potassium in 500ml.
Children come to no harm if kept on the dry side - the consequences of overhydration at this stage can be disastrous.
I hope these remarks are helpful and please come back to me if you wish to
do so.
Ted Sumner
----- Original Message -----
From: "McCarthy, Miriam" <Miriam.McCarthy[redacted]>
To: <esumner[redacted]>
Cc: <jleckey.rcj[redacted]>
Sent: Friday, December 14, 2001 2:12 PM
Subject: Hyponatraemia

> Dr Sumner,
>
> I am currently drafting guidelines on the prevention of Hyponatraemia in
> children receiving IV fluids. We have a multidisciplinary group looking
at
> this issue, on behalf of our CMO, Dr Campbell. The stimulus for this was
> the very tragic incident in Altnagelvin some months ago.
>
> I spoke to John Leckey today as I was aware that he was working on the
> Altnagelvin case. As you are also involved in this case I thought it
> would be helpful to contact you to discuss some of the detail of proposed
> guidelines. John agreed that this would be appropriate and I trust you find
> this acceptable.
>
> The Hyponatraemia group have discussed how much detail should be put into
> guidance. Members thought that ideally specific fluid choices should be
> recommended but they also recognised that there is no absolute right or

> wrong and the patient's illness, condition, age, post-op status and serum
> sodium all play a role in dictating the choice of fluid. Members are also
> keen to stress in the guidance that any fluid has the capacity to cause
> hyponatraemia in a sick child.
>
> Generic guidance displayed in clinical rooms etc as an A2 laminated poster
> may be a way forward in the first instance but it may need to be
> accompanied by specific fluid protocols in each paediatric/subspecialty
> unit. There is however concern that the early draft of guidelines
> (attached) may not go far enough in providing much needed advice for junior
> staff.
>
> I would very much appreciate your opinion and any advice on existing
> guidance or protocols which may be helpful to draw on.
> I would be delighted to have the opportunity to discuss this issue with
you
> in more detail. My telephone number is [redacted]
>
> Many thanks

> Miriam McCarthy
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> Belfast BT4 3SF <<hypo14dec.doc>>
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