

10/10/01

Intro.

JT - General Paeds -

Specialist - problems - children
will be under care of specialist

PC Evidence - lack of -

flows or

JMA Consider oral rehydration also.

Assess needs - Na / Glu. +
find 35% to meet needs -

1/5 w. saline - higher risk of hypona

- many established paediatricians

will find this new information.

Biochemical Def. < 136 / or 135

but Clinical Practice ≥ 132 not deep
anything

Rate of change important.

Teaching tool for junior staff.

in PICU themes - Given too much fluid

Burns / Resuscitation.

Management of Hyponatraemia - separate
discussion

* Paper recommendations - Cephthio Bob. Tay

007-038-072

Exercise attention to weight
fluid balance.

by experienced clinician

Monitor.

Min XI day

But if losses or additions - check
more often - or if clinical course
is not ~~normal~~ as expected

Urinary sample.

Osmolality ^{urine} > plasma - problematic.

If low / abnormal Na.

Check Urinary osmolality

Consist. → constant - Paed.

- Anaesthetist
- Chem. Path

If problems - constant contrasts
centrally:

* local sources of advice