

SAC → Paeds
→ Anaesthetics
→ Surgery

Hyponatremia,

26/9/01.

emo letter disse
Change - difficult @ local level.

{ G. Lines
Archd. }

- Acute setup - etc.

- Less acute - ie post-op etc - problem.

Water intoxication - is big issue Free H₂O component

- Needing • Culture Change - Estimate body wt.
[Scales - 1 scale only - kg]

[Opportunities
for
error in
weighing child]

* New scales needed - some will now
zero when adult stands on +
then adult or child will display
child's weight.

• Calculate - likely rate fluid or
- daily rate / 24

Weight Accuracy

Calculate - fluid requirements

Give right fluid (1/2 strength NaCl).

Junior Docs / Nurses =>

DHSSPS

> Not prescriptive - discretion of consultant paed /
anaesthetic. 007-049-097

For children needing IV's

Summary - Risk of hyponatraemia = children -

- ① Weigh - Accurate
key.
- ② Check Electrolytes. - ~~12 hetsy.~~ At least daily
- ③ Fluid balance - Count Everything
Measure accurately
- ④ Routine fluid replacement → 0.45 NaCl.
? Hartmanns.
- ⑤ Perioperative fluids N. Sahni / Hypon
- ⑥ 24 hrs post-op. Reassess
- ⑦ Replacement fluids -
- ⑧ If Acutely ill hyponatraemia
→ Refer. PICU.