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Dr E Sumner MA BM BCH FRCA
[redacted]

28th June 2004

Dear Dr Sumner

Thank you for your letter dated 11th June 2004, in which you express your great unease regarding the understanding of the basics of fluid management and their implementation in clinical practice in children and young people. As you copied your letter to Dr Campbell, CMO I felt it best to discuss the points you have raised with her before replying.

Indeed, in the interim, the results of a N. Ireland regional audit have also become available, assessing the implementation of the hyponatraemia guidelines issued by DHSSPS in early 2002. These show an encouraging level of compliance with the guidelines in paediatric units across the province, but do also identify some areas and individual patients in which the guidelines do not appear to have been fully followed. It appears that this is not a problem unique to Northern Ireland, as shown by the attached letter published in Archives of Disease in Childhood in June 2003, relating to the death of a child from hyponatraemia in a major paediatric teaching hospital in England. We have also become aware of issues relating to the use of oral fluids and the potential for complications to arise when these are administered (often by parents) to children receiving IV fluids. These are often hypotonic as many children refuse to drink proprietary oral rehydration formulas, and we believe that this issue will also be worthy of further attention. In addition, concerns have recently been expressed by colleagues in adult specialties regarding care of children requiring intravenous fluids who come under their care, often in an adult environment.

In recognition of the concerns which have become apparent from all of these sources we feel that there are a number of actions which need to be taken. I understand that Dr Campbell will be making arrangements for a workshop at which issues of fluid management can be discussed between colleagues in relevant specialties within medicine, and indeed nursing. In addition, I have already highlighted with the General Medical Council the importance of specific reference to education and training in fluid administration and management for doctors in the PRHO grade, as part of the current revision of 'The New Doctor'. It will be helpful if the importance of this is also raised with the GMC by others, possibly including Mr Leckey and yourself. We will also bring this issue to the attention of the Northern Ireland Postgraduate Dean and Director of Undergraduate Medical Education, so that it can be raised with relevant individuals

DHSSPS

and committees who have responsibility for both undergraduate and postgraduate training.

When the audit results were presented in my own unit last week we agreed with our nursing colleagues that a formal morning and evening handover of fluid management involving relevant medical and nursing staff should be introduced for all children receiving intravenous fluids.

We are very grateful for the time you have given to helping identify these important issues, and guiding our thinking towards developing solutions. I hope that the steps set out above will show that this is a subject which the profession in Northern Ireland are taking very seriously, not just with the rapid development and circulation of the 2002 guidelines, but also with the regional audit which has subsequently been undertaken, and our plans to follow this up in the ways I have outlined. We will of course be delighted to hear of any other ways in which you feel we could usefully take this issue forward.

With best wishes,

Yours sincerely

Dr John Jenkins
Senior Lecturer in Child Health & Consultant Paediatrician

cc Dr H Campbell CMO
Mr J Leckey HM Coroner