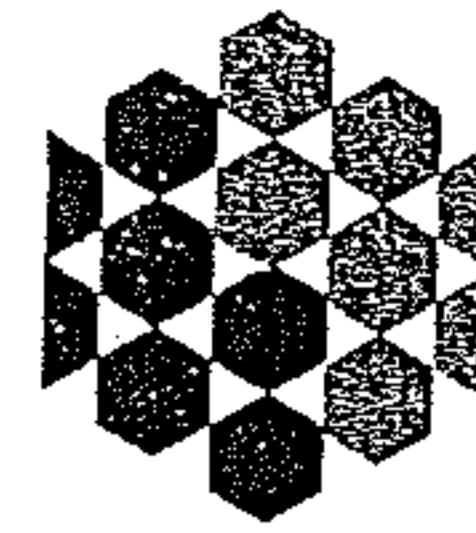


From the Chief Medical Officer
Dr Henrietta Campbell CB



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisial
agus Sábháilteachta Poil**

www.dhsspsni.gov.uk

Chief Executives of Acute / Acute & Community Trusts

Castle Buildings
Stormont Estate
Belfast BT4 3SQ

Tel: [REDACTED]

Fax: [REDACTED]

Email: [Henrietta.Campbell@\[REDACTED\]](mailto:Henrietta.Campbell@[REDACTED])

Your Ref:

Our Ref:

Date: 4 March 2004

Dear Colleague

PREVENTION AND MANAGEMENT OF HYPONATRAEMIA

In March 2002, guidance on the prevention of hyponatraemia in children was issued to all Trusts. The guidance emphasised that every child receiving intravenous fluids should have a thorough baseline assessment and monitoring to prevent the development of hyponatraemia. An A4 sized black and white copy of the guidance is attached and it may also be accessed on the Departmental website www.dhsspsni.gov.uk. Large laminated posters were distributed to all Trusts which should now be displayed in appropriate clinical areas.

When the guidance was issued, Trusts were encouraged to develop local protocols to complement the guidance and to provide specific direction to junior staff. Emphasis was given to the need to ensure implementation of the guidance in clinical practice. It was also noted that the guidance should be supplemented locally in each Trust with more detailed fluid protocols relevant to specific specialty areas.

Following the development of guidelines for fluid replacement in children the Clinical Resource Efficiency Support Team (CREST) drew up guidance on The Management of Hyponatraemia in Adults. These guidelines focussed on the diagnosis and treatment of hyponatraemia in adults and included infusion guidelines. This was made available in the form of wall charts which were circulated widely last year. [Further copies are available if required from the CREST Secretariat (☎ 028 9052 2028)]. The purpose of this letter is to ask you to assure me that both of these guidelines have been incorporated into clinical practice in your Trust and that their implementation has been monitored. I would welcome this assurance and ask you to respond in writing **before 16 April**.

Yours sincerely

Dr Henrietta Campbell

Copied to:

Medical Directors of Acute Trusts
Directors of Nursing, Acute Trusts
Chief Executives of HSS Boards
Directors of Public Health

DHSSPS