

## **Addendum**

I have produced a document for the enquiry covering the teaching of fluid balance and the use of intravenous fluids in children from a medical perspective. I have further been asked to produce an addendum concerning the current state of postgraduate education within Trusts with specific reference to inter-professional training. My original document outlined the evolution of medical teaching both at an undergraduate and postgraduate level. Teaching has moved from being a didactic, unidirectional, uniprofessional process to a participative, multidisciplinary one.

Changes in education have been mirrored within Trusts by a far more open and cooperative approach to dealing with threats to patient safety including that of hyponatraemia. Both professions have worked closely to ensure that the response to the NPSA Patient Safety Alert 22 crosses professional boundaries as it was understood that specifically medical or nursing protocols would not have provided a sufficient level of assurance of patient safety.

The information contained in this addendum has come from a) personal experience in the case of the Northern Trust, b) discussions with medical and nursing staff in all other Northern Irish Trusts and c) Trust websites in the case of the Southern and Western Trusts (enclosed).

Following the publication of the Safety Alert, Trusts within Northern Ireland established committees to review the management of fluid balance and the prescription of intravenous fluids for children. All such committees had high

level medical and nursing representatives as well as members from other staff groups such as hospital pharmacists. There was also representation from other departments including Surgery, Emergency Medicine and Anaesthetics. These committees produced policies, protocols and fluid prescription charts designed for use by both medical and nursing staff. These prescription charts require input from both groups of professionals before fluids can be administered. Both professional groups receive training in the use of these charts. These charts have thus become a focus point of training for both professions ensuring a common direction in training even in those areas where that training is separate. Most Trusts informally referred to the work of other Trusts so that there is considerable uniformity between Trust intravenous fluid policies throughout Northern Ireland.

The core document used in training staff members on the significance and consequences of hyponatraemia is the British Medical Association's (BMA) on-line training module. Other tools are in place, some locally produced. The Beeches Management Centre also provides training for both groups of staff. For junior medical staff it is now a core requirement that all trainees at foundation level have completed the BMJ module. It is not possible to progress with medical training without having completed the module. In many paediatric departments in Northern Ireland nurses also complete this module or a similar locally developed version, in most cases this has been produced by a member of the Trust's paediatric or anaesthetic staff. Most nurses already employed by Trusts on paediatric wards will have completed such

modules and all newly appointed nurses will receive mandatory training in hyponatraemia and fluid management.

In all paediatric departments significant adverse incidents related to hyponatraemia are recorded and investigated by committees comprised of members of both medical and nursing staff. Moves to address any adverse incidents associated with fluid administration will be addressed along both professional lines.

The RQIA review in April 2008 found that while most children's wards were providing safe care, there were concerns over the management of older children admitted to adult wards. These would generally be children aged 15 years and above in whom the chances of developing hyponatraemia are lower than in younger children, nevertheless the risk of hyponatraemia remains real. The requirement that all foundation level doctors have completed the BMJ module will ensure that all junior doctors working on adult wards have a clear understanding of hyponatraemia in children. All new nurses on these wards will also have completed training in the management of fluids in younger people. The risk therefore of hyponatraemia even on adult wards has been considerably mitigated. It is true, however that these lessons are not as deeply embedded in practice in adult wards as in children's. This is related to the infrequency of such patients being managed on adult wards. There are clear moves within the NHS to review the care provided for children between 12 years and 18 years old. Many Trusts elsewhere have adolescent units managed by paediatric medical and nursing staff. Such a move in Northern

Ireland would help improve the care for this age group. RQIA recently initiated a review of the provision of services for children under 18 on adult wards throughout Northern Ireland.

The issue of a joint approach and understanding specific to hyponatraemia is vital for the assurance of patient safety in this area. Equally important, however, is a general cooperative and collegiate approach to patient care. The old-fashioned concept of imperious doctors presenting nurses with incontrovertible orders no longer operates on Northern Ireland's hospital wards. Both professions follow evidence based guidelines and protocols particularly in relation to common procedures such as the management of intravenous fluids. Both professions understand their mutually supportive roles in fluid administration. There is also a clear understanding within the nursing profession that nurses have a right and a duty to question orders from doctors which contravene locally agreed protocols and guidelines. Similarly, junior doctors will feel themselves empowered to question orders from their seniors which do not follow taught protocols. This change in attitudes provides a core element of patient protection.

The question of medically induced hyponatraemia in children is of equal concern to members of the Nursing and Medical professions. While no system can provide cast-iron assurance that deaths or damage from hyponatraemia will never happen again in Northern Ireland or elsewhere, I believe that on children's wards all reasonable steps have been taken to ensure that such risk as does exist has been kept to a minimum and that adequate systems are

in place to detect and address any failures of existing practice. The situation on adult wards is less clear-cut however and while the risk has been dramatically reduced further steps could be taken to reduce it still further.

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