

From:

Sent:

To:

Cc:

Subject:

17 May 2004 11:30

Fee Eugene

Hamilton Donna; McIntyre Siobhan; Harkin Patricia; Kilgallen Anne; Stewart Carole;
McLaughlin Linus; McPeake Phil

PREVENTION AND MANAGEMENT OF HYPONATRAEMIA

Eugene, you will have received a letter from Dr. Henrietta Campbell on the above dated 4 March 2004. Could you please let me have a copy of your response to the Department giving assurance that both of the guidelines have been implemented.

Many thanks.

Margaret

please to ensure to
E. fee, asking for copy of his response to
the Dept - clear giving assurance that
bits of the guidelines have been implemented

From the Chief Medical Officer
Dr Henrietta Campbell CB

Thankly,

cc Anne
Lemus
Sibhan



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

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Chief Executives of Acute / Acute & Community Trusts

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]

11 MAR 2004

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 speciality 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 and 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 (☎ [REDACTED])]. 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

~~Medical Directors of Acute Trusts~~
Medical Directors of Acute Trusts
~~Directors of Nursing, Acute Trusts~~
Directors of Public Health

cc Wickley
D. Wickley] & attention

HYPONATRAEMIA

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