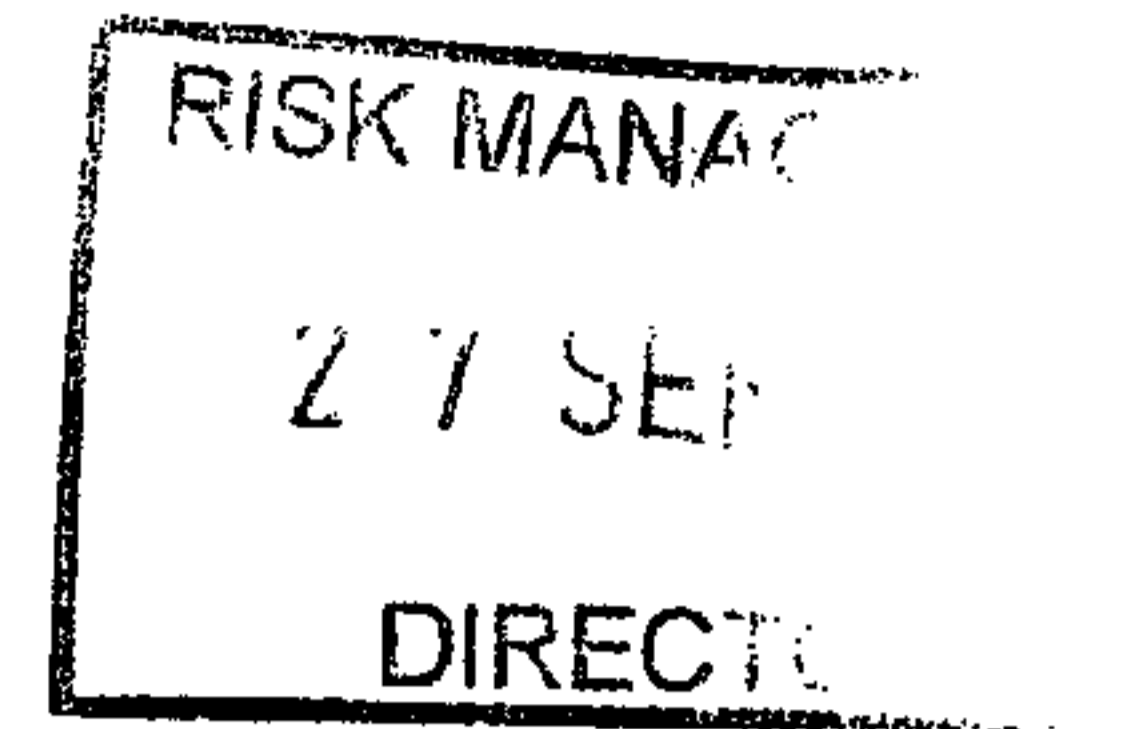


**Dr G A Nesbitt
Medical Director
Altnagelvin Hospital**

23rd September 2004



To all Medical Staff

Re: Hyponatraemia and fluid administration in children

Dear colleague,

This is to remind all medical staff treating children that No. 18 solution is not to be prescribed. Prescription of postoperative fluids must be strictly on the basis of measurement of electrolytes, and with careful attention to the amount of fluid administered.

This will be facilitated by using the fluid balance chart for children, which clearly allows the prescription of either Hartmann's solution or half strength saline in 2.5% dextrose depending on sodium measurement. This chart also allows the calculation of the amount of fluid required and this should not be exceeded. Do not use any other chart and do not depart from the regime indicated on the chart.

The Department of Health has stated that all children receiving intravenous fluid therapy should have a baseline assessment which records U&E and body weight. The need for continuing fluids in any child after 12 hours should be reassessed by a senior member of the medical team. The U&E must be checked at least once in every 24 hours, but more often if excessive fluid losses occur, or the clinical course is not as expected. In such a situation a consultant decision is required.

In surgical cases the responsibility for fluid therapy and electrolyte balance rests with the surgical team but it is entirely appropriate that the anaesthetist should prescribe the fluids for the first 12 hours postoperatively.

Yours sincerely,

G. A. Nesbitt. Medical Director & Chairman Risk Management and Standards Committee.

cc	Mrs Burnside.	Chief Executive
	Theresa Brown	Risk Manager
	Bernie McCrory	Clinical Services Manager
	Jackie McGrellis	Theatre manager
	Sister Millar	Ward 6