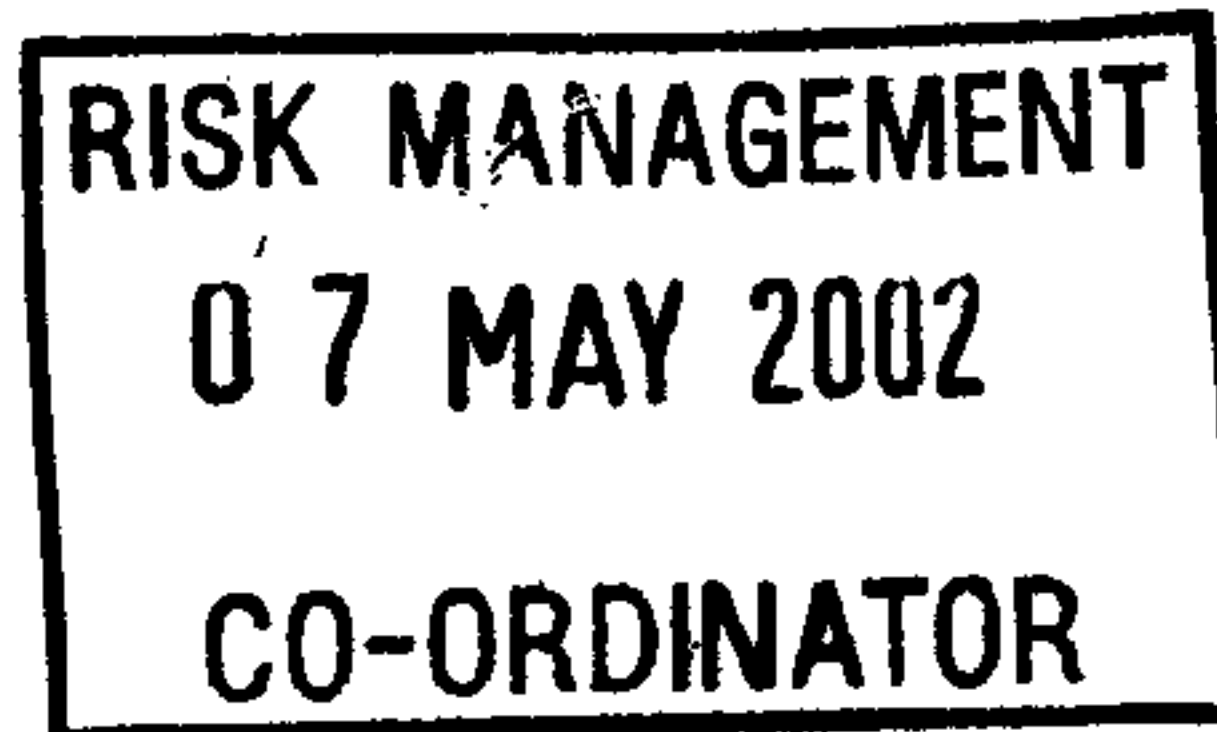


Dr G A Nesbitt  
Medical director  
Altnagelvin Hospital



1<sup>st</sup> May 2002

To all Medical Staff

Re: Hyponatraemia and fluid administration in children

Dear colleague,

Recent guidelines from the Department of Health on this subject have 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 needs to 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 would be required.

From a practical point of view, in surgical cases the responsibility for fluid therapy and electrolyte balance rests with the surgical team but it would be entirely appropriate that the anaesthetist should prescribe the fluids for the first 12 hours postoperatively.

This might be a good time to change the default postoperative fluid from Hartmann's to 0.45% Saline in 2.5% dextrose. This solution is now available in the hospital and is being increasingly used in paediatric practice.

Yours sincerely,

G A Nesbitt Medical Director

CC	Mrs Burnside	Chief Executive
	Theresa Brown	Risk Manager
	Mrs Hutchinson	Clinical Services Manager
	Sister Millar	Ward 6