Intravenous Fluid Therapy for Paediatric Patients
(Consensus Statement)

Effective date: May 2002
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The principal routine I.V. fluid solution for use in paediatric patients is Sodium Chloride 0.45% / Glucose 2.5%. Table 1 indicates the solutions held in Altnagelvin Hospital.

Table 1: Sodium Chloride 0.45% and Glucose 2.5% held in Altnagelvin Hospital

Volume	Fluid
500ml	Sodium Chloride 0.45% and Glucose 2.5%
1000ml	Sodium Chloride 0.45% and Dextrose 2.5% containing potassium 20mmol / Litre Refer to Potassium Policy (Unlicensed)

NOTE: Other I.V. fluid solutions may be appropriate in children, infants and neonates at the discretion of responsible Consultant / Ward Protocol or dependent on underlying clinical condition.

I.V. fluid therapy should not be routine but based on clear justifiable indications. Examples include:

- State of hydration
- Vomiting
- Excess fluid loss
- Prolonged fasting
- Inability to use oral / enteral route

Initial prescription of I.V. fluids should be based on a clinical assessment of state of dehydration, biochemistry and body weight (actual weight preferred but estimate if no recent weight recorded).
Reference charts showing weight-based maintenance I.V. fluid rates are readily available on Ward 6.

I.V. fluid solutions and rates of administration are the responsibility of the relevant Paediatric Medical or Surgical staff. In surgical patients, Anaesthetic staff may prescribe fluids for the first 12 hours postoperatively.

Continued use of I.V. fluids beyond 12 hours requires reassessment by a senior doctor. The decision to continue I.V. fluids should be individualised but factors worthy of consideration include oral intake, continued fluid losses, urine production and nursing/medical assessment of general conditions. Where the 12-hour period ends after midnight, an evening assessment of likely I.V. fluid requirement is appropriate.