Future & Address Policy for

~~Consensus Statement~~

IV Fluid Therapy for Paediatric Patients

Effective May 2002 the principal routine IV fluid solution for use in paediatric patients will be 0.45% Saline/2.5% Dextrose. A solution supplemented with KCl (20mmol/l) is also available.

Sodium Chloride

Potassium Chloride

Other IV fluid solutions may be appropriate in children, infants and neonates at the discretion of responsible Consultant/Ward protocol or dependent on underlying clinical condition.

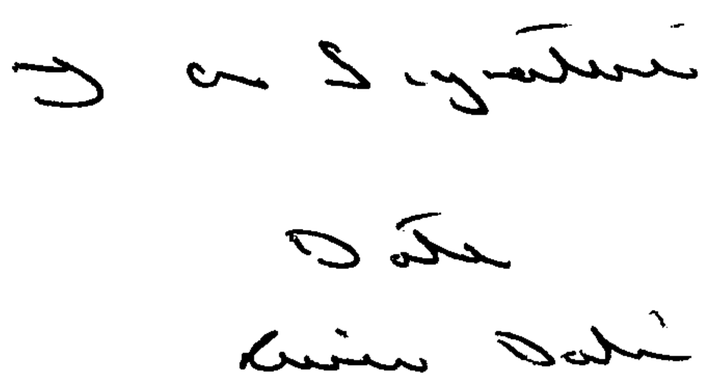
The decision to use IV fluid replacement therapy should not be routine but based on clear justifiable clinical indication e.g. state of hydration, vomiting, excess fluid losses, prolonged fasting, inability to use oral/enteral route etc. Recording of indication for IV fluids should be encouraged.

Initial prescription of IV fluids should be based on a clinical assessment of state of dehydration, Urea/Electrolytes and body weight (actual weight preferred but estimated if no recent weight record). Reference charts depicting weight-based maintenance IV fluid rates are readily available on Ward 6.

IV fluid solution and rate of administration are the responsibility of the relevant Paediatric Medical or Surgical staff. In surgical patients though, Anaesthetic staff may prescribe fluids for the first 12hrs postoperatively.

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

More prolonged use of IV fluid replacement therapy will require at least daily monitoring of Urea/Electrolytes and a reasonable assessment of ongoing fluid losses and urine output. More frequent assessment may be required if losses are excessive or clinical course not as expected. The responsibility for requesting and interpreting laboratory investigations remains with the patient's clinician, but Paediatric Medical staff will provide advice on fluid management on an ad hoc basis.



Based on " Prevention of Hyponatraemia in Children"
Guidance from Chief Medical Officer NI March 2002