

Sally Doherty

From: Fulton, Raymond
Sent: 09 August 2001 15:59
To: BURNSIDE STELLA
Subject: FW: Dilutional Hyponatraemia in children

From: Ian Carson[SMTP:ian.carson@...]
Reply To: ian.carson@...
Sent: 30 July 2001 11:52
To: 'Dr.H.Campbell (CMO)'
Cc: 'BOB TAYLOR'; 'Raymond Fulton'
Subject: Dilutional Hyponatraemia in children

Dear Etta,

Please find attached document on the above subject drawn up by Dr Bob Taylor and his colleagues. It reflects current 'opinion' among experts in the management of these children, however it does not yet command full support amongst paediatricians. Part of the explanation I understand, lies in views held by paediatricians concerning risks of hypernatraemia that were associated with the use of earlier versions of the 'National Milk Formula'.

The problem today of 'dilutional hyponatraemia' is well recognised (see reference to BMJ Editorial). The anaesthetists in RBHSC would have approx. 1 referral from within the hospital per month. There was also a previous death approx. 6yrs ago in a child from the Mid-Ulster. Bob Taylor thinks that there have been 5-6 deaths over a 10 year period of children with seizures, but he has not seen any Cochrane reviews on the subject.

This might be a subject that would be worth CREST looking at. There is obviously a need to get better agreement between anaesthetists/intensivists and paediatricians. I also believe that there are some laboratory and nursing issues in relation to blood sampling and volumes of blood necessary for regular sodium analysis.

I hope this is helpful. I will copy this to Raymond Fulton for his information.

Yours, Ian.



Dilutionalhyponatra
emia.doc

NOTICE

FROM NOW ONWARDS

12/6/01

**ALL SURGICAL PATIENTS (INCLUDING
ORTHOPAEDIC) ARE TO HAVE IV HARTMANS
SOLUTION**

**ALL POST-OPERATIVE CHILDREN ON IV
HARTMANS SOLUTION ARE TO HAVE DAILY
ELECTROLYTES & 6HOURLY B.M's**

**MEDICAL PATIENTS TO CONTINUE ON SOLUTION
18 OR UNLESS PRESCRIBED OTHERWISE BY
DOCTOR**