Dr G A Nesbitt Clinical Director Anaesthetic Department Altnagelvin Hospital

3rd July 2001

Mr Paul Bateson Clinical Director Surgical Directorate

Re: Fluid management in children

RISK MANAGEMENT 0, 4 JUL 2001

CO-ORDINATOR

Dear Paul,

Following the recent tragic death of a child apparently due to hyponatraemia, I have asked my Anaesthetic Colleagues to prescribe Hartman's solution instead of No.18 solution. This followed reading several papers outlining the hazards associated with the use of hyponatraemic fluids in children who retain fluid due to ADH and Vasopressin release. Children's Hospital no longer use No.18 solution, and most other units are trying to change to Normal Saline or Hartman's.

The problem in the Children's ward seemed to be that even if Hartman's was prescribed, it was changed to No.18 by default. I therefore asked Sister Miller to change this policy so that, for surgical children, the default solution became Hartman's. With agreement, it may also be possible for the paediatricians to undertake the fluid management of surgical children. Obviously this impacts on surgical care and needs your support.

Some clinicians evidently feel that No.18 solution is the fluid they wish to prescribe, and have disagreed with the regime suggested. Obviously clinical judgement is important, and I am sure that there is a place for No.18 solution, but I am concerned that my attempt to put in place a safe policy has met with resistance so quickly.

Perhaps you could discuss this urgently within the Surgical Directorate so that a regime can be agreed.

Yours sincerely,

G A Nesbitt Clinical Director Anaesthesia & Critical Care

cc Dr Raymond Fulton
Teresa Brown
Sister Miller

Medical Director

Risk Management Co-ordinator

Ward 6

Dr G A Nesbitt Clinical Director Anaesthetic Department Altnagelvin Hospital

3rd July 2001

Mr Paul Bateson Clinical Director Surgical Directorate

Re: Fluid management in children

Dear Paul,

Following the recent tragic death of a child apparently due to hyponatraemia, I have asked my Anaesthetic Colleagues to prescribe Hartman's solution instead of No.18 solution. This followed reading several papers outlining the hazards associated with the use of hyponatraemic fluids in children who retain fluid due to ADH and Vasopressin release. Children's Hospital no longer use No.18 solution, and most other units are trying to change to Normal Saline or Hartman's.

The problem in the Children's ward seemed to be that even if Hartman's was prescribed, it was changed to No.18 by default. I therefore asked Sister Miller to change this policy so that, for surgical children, the default solution became Hartman's. With agreement, it may also be possible for the paediatricians to undertake the fluid management of surgical children. Obviously this impacts on surgical care and needs your support.

Some clinicians evidently feel that No.18 solution is the fluid they wish to prescribe, and have disagreed with the regime suggested. Obviously clinical judgement is important, and I am sure that there is a place for No.18 solution, but I am concerned that my attempt to put in place a safe policy has met with resistance so quickly.

Perhaps you could discuss this urgently within the Surgical Directorate so that a regime can be

agreed.

Yours sincerely,

G A Nesbitt Clinical Director Anaesthesia & Critical Care

cc Dr Raymond Fulton

Teresa Brown

Risk Management Co-ordinator

Medical Director

Sister Miller Ward 6