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~~In the light of the Adam Strain case; the Arieff fetal Papers and a number of paediatric renal transplants in paediatric patients complicated by hyponatraemia~~

In the light of the Adam Strain case, the Arieff fetal paper (BMJ 1992) and a number of paediatric renal transplants complicated by hyponatraemia leading to death in 10 cases) we make the following recommendations for the prevention and management of hyponatraemia during ~~surgery~~ paediatric surgery,

posted)
4/1996

1. Major surgery with a potential for electrolyte imbalance should have a full blood picture (which includes an haematocrit value) and electrolytes measured 2 hourly or more frequently if indicated by the patients clinical condition.

2. A sodium reading of less than 128 mmol/litre indicates that hyponatraemia is present and requires intervention by the anaesthetist. A reading of 123 m/mol/litres ~~indicates~~ or less indicates the onset of profound hyponatraemia and must be ~~indicated~~ managed immediately.

3. The ~~theatre~~ operating Theatre must have access ~~the rapid measurement~~ to timely reports of the full blood picture and electrolytes to ~~enable~~ allow rapid intervention by the anaesthetist, where indicated.

DRAFT

In the light of the Adam Strain case, the Arieff et al. paper (BMJ 1992) and a number of renal transplants complicated by hyponatraemia leading to death in 10 (reported May 1996) we make the following recommendations for the prevention and management of hyponatraemia arising during paediatric surgery.

1. Major surgery in patients with a potential for electrolyte imbalance should have a full blood picture (which includes a haematocrit value) and an electrolyte measurement performed 2 hourly or more frequently if indicated by the patient's clinical condition.
2. A serum sodium value of less than 128 mmol/l indicates that hyponatraemia is present and requires intervention by the anaesthetist. A value of 123 mmol/l or less indicates the onset of profound hyponatraemia and must be managed immediately.
3. The operating theatre must have access to timely reports of the full blood picture and electrolytes to allow rapid intervention by the anaesthetist, when indicated.

19/06/96