Mc rroll, Myrtle

From: McCarthy, Miriam
Sent: 16 April 2004 09:04
To: Carson, Ian
Subject: FW: HYPONATRAEMIA

Ian,

Happy to be involved in any meeting with you, if you would find that helpful-- no doubt a review of some of the background discussion influencing the final guidance may be useful to Cyril Chantler.

Miriam

-----Original Message-----
From: Cyril Chantler [mailto:chantler[redacted]
Sent: 15 April 2004 12:31
To: Burne, Alison; cyril.chantler[redacted]
Cc: Carson, Ian; McCarthy, Miriam; Stafford, Anne; Garrett, Elizabeth; Campbell, Dr Henrietta
Subject: Re: Dr Henrietta Campbell

Delighted to help, need to think and will then contact Ian, Best wishes
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From: "Burne, Alison" <Alison.Burne@[redacted]
To: <cyril.chantler@[redacted]
Cc: "Carson, Ian" <Ian.Carson[redacted] "McCarthy, Miriam" <Miriam.McCarthy@[redacted] "Stafford, Anne" <Anne.Stafford@[redacted] Garrett, Elizabeth" <Elizabeth.Garrett[redacted] "Campbell, Dr Henrietta" <Henrietta.Campbell[redacted]
Sent: Thursday, April 15, 2004 12:16 PM
Subject: From: Dr Henrietta Campbell

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Alison Burne
Senior Personal Secretary to
Dr Henrietta Campbell, Chief Medical Officer (NI)
Dept of Health, Social Services & Public Safety
C5.21 Castle Buildings
Stormont
BELFAST ET4 3SQ

Tel: [redacted]
Fax:
www.d
www.d

Coyle, Briege

From: Campbell, Dr Henrietta
Sent: 15 April 2004 12:46
To: 'Cyril Chantler'
Subject: RE: Dr Henrietta Campbell

Importance: High

Dear Cyril
Many thanks for your response.
On the Medical School report I will ask Paul Simpson to try to set out a process and timescale and get in touch with you.I have not seen the draft yet but it is good news that one is ready.
Regards, Etta

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> www.dhsspsni.gov.uk
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rt.pdf (67 KB)

Etta

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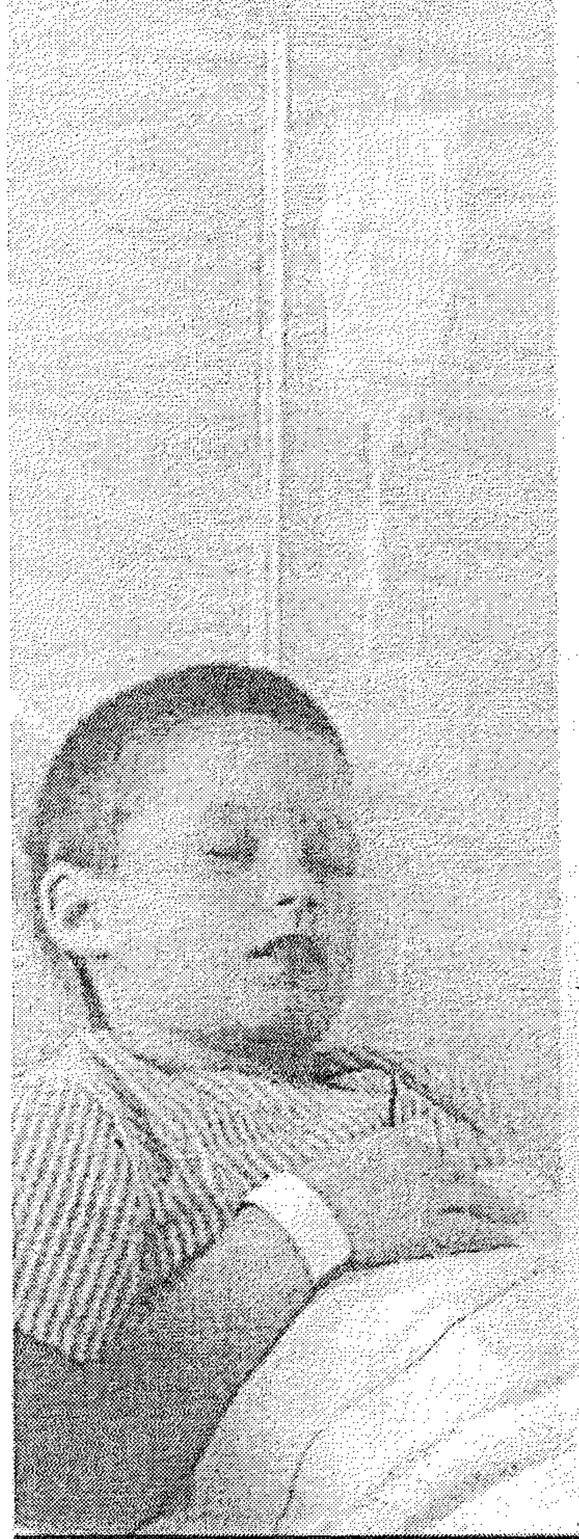
DHSSPS

any CHILD RECEIVING PRESCRIBED FLUIDS is AT RISK OF HYPONATRAEMIA



INTRODUCTION

- **Any child on IV fluids or oral rehydration is potentially at risk of hyponatraemia.**
- Hyponatraemia is potentially extremely serious, a rapid fall in sodium leading to cerebral oedema, seizures and death. Warning signs of hyponatraemia may be non-specific and include nausea, malaise and headache.
- Hyponatraemia most often reflects failure to excrete water. Stress, pain and nausea are all potent stimulators of anti-diuretic hormone (ADH), which inhibits water excretion.
- Complications of hyponatraemia most often occur due to the administration of excess or inappropriate fluid to a sick child, usually intravenously.
- Hyponatraemia may also occur in a child receiving excess or inappropriate oral rehydration fluids.
- Hyponatraemia can occur in a variety of clinical situations, even in a child who is not overtly "sick". Particular risks include:
  - Post-operative patients
  - CNS injuries
  - Bronchiolitis
  - Burns
  - Vomiting

BASELINE ASSESSMENT

Before starting IV fluids, the following must be measured and recorded:

- **Weight:** accurately in kg. [In a bed-bound child use best estimate.] Plot on centile chart or refer to normal range.
- **U&E:** take serum sodium into consideration.

FLUID REQUIREMENTS

Fluid needs should be assessed by a doctor competent in determining a child's fluid requirement. Accurate calculation is essential and includes:

Maintenance Fluid

- 100mls/kg for first 10kg body wt, plus
- 50mls/kg for the next 10kg, plus
- 20mls/kg for each kg thereafter, up to max of 70kg [This provides the total 24 hr calculation; divide by 24 to get the mls/hr].

Replacement Fluid

- Must always be considered and prescribed separately.
- Must reflect fluid loss in both volume and composition (lab analysis of the sodium content of fluid loss may be helpful).

CHOICE OF FLUID

- **Maintenance fluids** must in all instances be dictated by the anticipated sodium and potassium requirements. The glucose requirements, particularly of very young children, must also be met.
- **Replacement fluids** must reflect fluid lost. In most situations this implies a minimum sodium content of 130mmol/l.
- **When resuscitating** a child with clinical signs of shock, if a decision is made to administer a crystalloid, normal (0.9%) saline is an appropriate choice, while awaiting the serum sodium.
- The composition of oral rehydration fluids should also be carefully considered in light of the U&E analysis.

Hyponatraemia may occur in any child receiving any IV fluids or oral rehydration. Vigilance is needed for all children receiving fluids.

MONITOR

- **Clinical state:** including hydrational status. Pain, vomiting and general well-being should be documented.
- **Fluid balance:** must be assessed at least every 12 hours by an experienced member of clinical staff.

  Intake: All oral fluids (including medicines) must be recorded and IV intake reduced by equivalent amount.

  Output: Measure and record all losses (urine, vomiting, diarrhoea, etc.) as accurately as possible.

  If a child still needs prescribed fluids after 12 hours of starting, their requirements should be reassessed by a senior member of medical staff.
- **Biochemistry:** Blood sampling for U&E is essential at least once a day - more often if there are significant fluid losses or if clinical course is not as expected.

  The rate at which sodium falls is as important as the plasma level. A sodium that falls quickly may be accompanied by rapid fluid shifts with major clinical consequences.

  Consider using an indwelling heparinised cannula to facilitate repeat U&Es.

  Do not take samples from the same limb as the IV infusion.

  Capillary samples are adequate if venous sampling is not practical.

  Urine osmolarity/sodium: Very useful in hyponatraemia. Compare to plasma osmolarity and consult a senior Paediatrician or a Chemical Pathologist in interpreting results.

SEEK ADVICE

Advice and clinical input should be obtained from a senior member of medical staff, for example a Consultant Paediatrician, Consultant Anaesthetist or Consultant Chemical Pathologist

- In the event of problems that cannot be resolved locally, help should be sought from Consultant Paediatricians/ Anaesthetists at the PICU, RBHSC.

The Department Of Health, Social Services And Public Safety. Guidance is also available on the Departmental website - www.dhsspsni.gov.uk

075-040-141

Coyle, Briege

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> Have you tried the new drug sample request service on Doctors.net.uk?
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Move to a free professional address with spam and virus protection.