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Dr G A Nesbitt  
Clinical Director  
Anaesthetic Department  
Altnagelvin Hospital

Date: 14<sup>th</sup> June 2001

Dr Raymond Fulton  
Medical Director

14 JUN 2001

Re: Fluid management in Children

Dear Dr Fulton,

*Raymond.*

I have contacted several hospitals including The Royal Hospital for Sick Children and made enquiries about peri-operative fluid management.

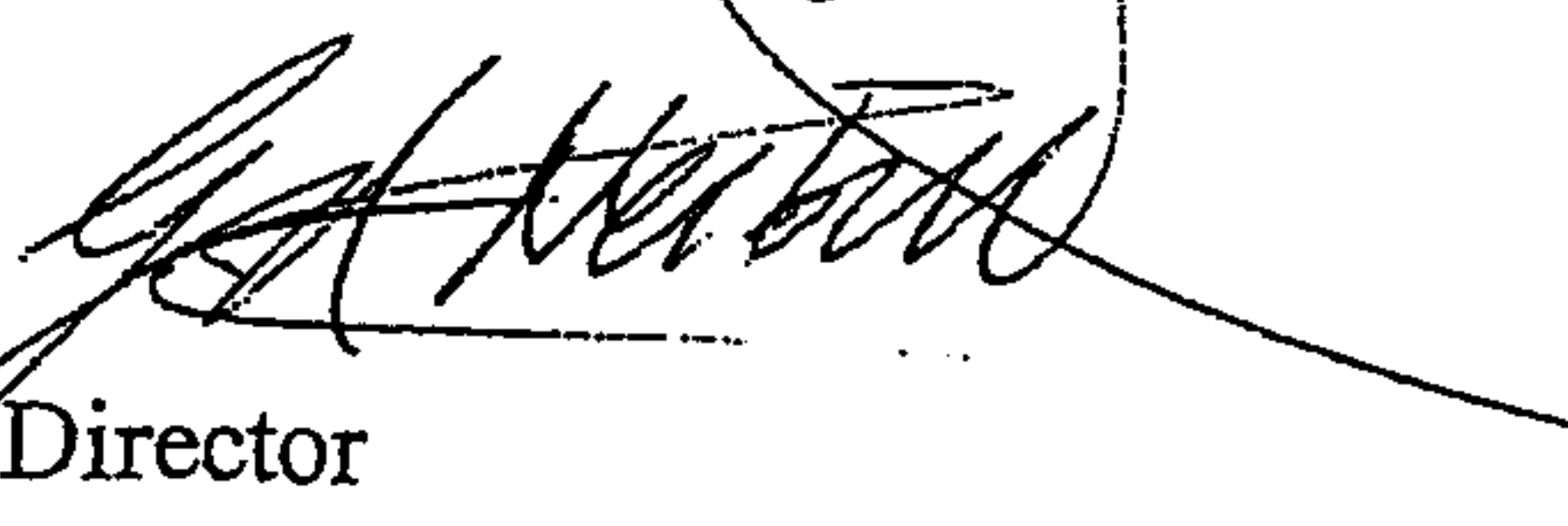
The Children's Hospital Anaesthetists have recently changed their practise and have moved away from No.18 solution (fifth normal NACL in 4% Dextrose) to Hartman's solution. This change occurred 6 months ago and followed several deaths involving No.18 solution.

Craigavon Hospital and the Ulster Hospital both use Hartman's intra-operatively and No.18 post-operatively as is our practise. The Anaesthetists in Craigavon have been trying to change the fluid regime to Hartman's postoperatively but have met resistance in the Paediatric wards where, as in Altnagelvin, they have followed a medical paediatric protocol.

In view of recent events, and papers on the subject, and the fact that the Children's Hospital no longer uses No.18 solution, I have decided to recommend that we do the same. I have spoken to Sister Miller in the Paediatric ward and also to Dr McCord who both are in agreement. Dr McCord has agreed to add this to the protocol he is developing for calculating the amount of fluid to be prescribed. He has further agreed that, pending discussion with his colleagues, fluid management in postoperative children should be under the supervision of paediatricians.

To summarise: Altnagelvin Hospital has followed what is a widespread and accepted policy of using No.18 solution for postoperative fluids. There is evidence to show that this policy is potentially unsafe in certain children who have undergone a surgical procedure. The Children's Hospital has ceased to use it and Craigavon is trying to effect a change in this direction. As from today we will no longer be routinely using this fluid in the management of surgical cases.

Yours sincerely,



G A Nesbitt Clinical Director

cc Theresa Brown

Risk Management Coordinator

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