

# Directorate of Legal Services

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To G M'Aunden Esq BL

Of Bar Military

Fax No [REDACTED]

From [REDACTED]

Date 08/04/02

Direct Line / Ext 90 [REDACTED]

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The message in this fax is confidential. Please notify us if you have received it in error.

Message Re: Rachel Ferguson

I refer to your recent conversation with me. I will and have  
enclosed correspondence from the Department dated 25/03/2002  
entitled 'Prevention of Hyponatraemia In Children' along with a  
report from Mr Zafar dated 03/04/02.

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Practitioners in Law to the Northern Ireland  
Health and Social Services Sector

NORTHERN IRELAND HEALTH & SOCIAL SERVICES  
**CSA**  
CENTRAL SERVICES AGENCY

Department of Health, Social Services & Public Safety  
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

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Consultants in Plastic Surgery/Burns  
Consultants in A&E Medicine  
Consultant Pathologists

25 March 2002

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DIRECTOR  
27 MAR 2002  
OF NURSING

Dear Colleagues

### PREVENTION OF HYPONATRAEMIA IN CHILDREN

Guidance on the Prevention of Hyponatraemia in Children has been published and will be forwarded to you under separate cover. It has been prepared as an A2 sized poster and I ask you to ensure that the posters are prominently displayed in all units that may accommodate children. The Guidance has been developed by a multidisciplinary working group established by the Department and the work has been supported and endorsed by CREST.

Hyponatraemia can be extremely serious and has in the past few years been responsible for two deaths among children in Northern Ireland. Hyponatraemia is a problem of water balance and most often reflects the failure to excrete water. Stress, pain and nausea are all potential stimulators of the antidiuretic hormone ADH which inhibits water excretion.

Any child receiving IV fluids or oral rehydration is potentially at risk of hyponatraemia. The administration of excess or inappropriate fluid to a sick child may result in serious or life threatening hyponatraemia. There is a particular concern about the use of 0.18% Sodium Chloride in Glucose among children as it has been implicated in cases of hyponatraemia. While it may pose a risk because of the relatively low sodium content no specific fluid is without risk. This has been emphasised in a recent letter received from the Medicines Control Agency which stated that while hyponatraemia is a risk with 0.18% Sodium Chloride, electrolyte imbalance is a risk with all intravenous solutions.

The Guidance emphasises that every child receiving intravenous fluids requires a thorough baseline assessment, that fluid requirements must be calculated accurately and fluid balance must be rigorously monitored. Following this simple advice will prevent children from developing hyponatraemia.

The Guidance is designed to provide general advice and does not specify particular fluid choices. Fluid protocols should be developed locally to complement the Guidance and provide more specific direction to junior staff. This is particularly important in subspecialty areas such as renal medicine, burns units and

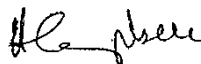


INVESTOR IN PEOPLE

neurosurgery. It will be important to audit compliance with the guidance and locally developed protocols and to learn from clinical experiences.

I would like to extend my thanks to all members of the multidisciplinary group who have worked together to provide clear and practical guidance to improve the care of sick children. The Guidance is also available on the Departmental website [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk).

Yours sincerely



*HENRIETTA CAMPBELL (Dr)*



**Statement re: Rachael Ferguson Deceased**

I Mr MH Zafar, was employed as a Surgical SHO in Altnagelvin Hospital in June 2001.

I visited Ward 6 to do a ward round on 8<sup>th</sup> June 2001. I saw Rachel Ferguson. Rachel had an appendectomy operation on 7<sup>th</sup> June 2001.

On my ward round she was free of pain and afebrile. The plan was for continuous observation.

At approximately 3.15 p.m. I was beeped by the Surgical JHO and asked to attend to Rachel Ferguson who had a fit. I was asked to come to see the child. I advised the JHO that I was in Casualty with another patient and would come to the Ward as soon as possible.

When I arrived on the ward the child was being resuscitated.

Mr M H Zafar  
3-4-2002

