

Finlay, Tricia

From: Lawson, Elaine
Sent: 01 April 2008 11:18
To: Briscoe, Maura
Cc: Walsh, Tracey; Perkins, Roisin
Subject: RE: NPSA -Hyponatraemia

Maura - was it your intention to send this to Heather Neagle?

Also, do you wish to give any feedback to Hilary Brownlee/Phelim Quinn on these action points, as they are leading on the RQIA drill down project?

Roisin - to trim please as 'Hyponatraemia - agenda item at Medical Director's Forum on 31.03.08' - CSCG - secondary care container. Could you also hard copy with papers on circ 20/07?

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From: Briscoe, Maura
Sent: 31 March 2008 16:11
To: Browne, Andrew; Lawson, Elaine
Cc: Briscoe, Maura
Subject: NPSA -Hyponatraemia

The hyponatraemia guidance was discussed at the meeting of medical directors this PM.

In particular

1. the need for guidance to extend to 16
2. the replacement of the 2002 poster
3. The variability in reporting of adverse incidents
4. Variability of audit

The Northern Trust said that they had developed a number of trigger points which should generate the notification of paediatric fluid therapy incidents

They were still considering their audit programme in general but had instigated laboratory reporting on low sodium

ST also had audit in relation to sodium results from labs. No incidents reported in DHH but we extending it now to CAH. There was an issue in ensuring that all wards and staff in relation to 14, 15, and 16 year olds i.e. those who might be cared for in "adult settings" were appropriately trained

WT had a database of U/Es of every child who was on IV fluid therapy. This may be why they can record adverse incidents as there is a heightened awareness and clinicians are already recording data on every child for research purposes. The database only extended to children aged 13 therefore again there was an issue of extending it to for auditing purposes to children aged 14, 15, 16 years

BT also highlighted issues in relation to training of staff and some resistance to the withdrawal of fluids- they are working to ensure that it is withdrawn now.

Action - all trusts are to respond for next meeting on their audit programme for hyponatraemia and report back.

Heather N has kindly agreed to draft a response for CMO to all Trusts to include

A) importance of age and adult settings where children may be cared for

B) variation in commencement of audit programmes

C) variation in reporting of adverse incidents

D) substitution of new poster for 2002 one

E) variation in reporting of potential fluid therapy incidents

F) non signature of template by lead.

Heather the Belfast Trust in particular will need some bespoke lines in relation to assurance of the chief executive that action agreed in his letter are now completed

Also the WT has also a need for a couple of extra sentences in regard to the major incident to ensure that any learning has been cascade throughout the Trust./

Sorry to be so long winded.

M