

 Belfast Health and  
Social Care Trust

2 May 2008

Dr Michael McBride  
Chief Medical Officer  
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Dear 

**AUDIT OF NPSA PATIENT SAFETY ALERT 22: REDUCING THE RISK OF  
HYPONATRAEMIA WHEN ADMINISTERING INTRAVENOUS FLUIDS TO CHILDREN**

I am writing on behalf of William McKee in respect of your letter regarding the reduction of risk of hyponatraemia. You asked for confirmation in respect of specific actions.

- (1) Sodium Chloride 0.18% with Glucose 4% has been removed from all general areas that treat children.
- (2) We are unclear as to what it is meant by 'Regional Guidance' in respect of treating children under the age of 16. The Belfast Trust has developed a Trust wide policy on the fluid management of children. This policy incorporated details from all the national guidance and the regional wall chart. This is being cascaded through the organisation and made available on our Trust intranet.
- (3) The Regional Paediatric Fluid Wallchart 2007 is displayed and has replaced the previous paediatric wallchart issued in 2002.  
There is an issue in adult areas where the poster has gone up alongside fluid management guidelines issued by CREST in 2003. Both charts make a reference to children.

The 2003 CREST guidance is widely used in the prevention of hyponatraemia in adult areas and differs from the paediatric regional wallchart 2007 issued last year. This dilemma has been highlighted to Dr Maura Briscoe. The current opinion of the Belfast Trust is that we should have one adult only chart and one paediatric chart.

- (4) In respect of fluid prescription forms a new paediatric fluid prescription form is still being designed and is based on the NPSA template. The final design is scheduled to go to the printers in the middle of May and the form will then be reintroduced using SPI methodology (small cycles of change) within the Children's hospital starting June 2008.

It was envisaged that this paediatric form, when finished will be used in the adult areas when prescribing for children. As discussed below, this is causing some concern to adult physicians who do not want two different fluid balance charts being used simultaneously in the same clinical area.

We are seeking to find a compromise or common sense approach as to how to best determine the appropriate use of one or other charts.

- (5) In respect of training for all relevant staff, I can advise that training is underway within the Royal Belfast Hospital for Sick Children. Within adult areas, the Trust policy which outlines the use of an e-learning module has been disseminated to all staff and the wallchart put up on walls in clinical areas.

The dissemination of both the policy and wallchart has raised some concerns in areas regarding the management of adolescents by adult physicians.

We are working to resolve these concerns.

- (6) A 'trigger list' has been included in the Belfast Trust policy. These will trigger IR1 reports.

Yours sincerely



DR A B STEVENS  
MEDICAL DIRECTOR