

Western Health  
and Social Care Trust

Our ref: Tb/May08/lq

7 May 2008

Dr M McBride  
Chief Medical Officer  
DHSSPS  
Castle Buildings  
Stormont Estate  
Belfast  
BT4 4SQ

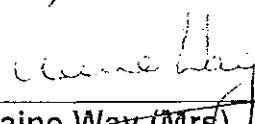
Dear Dr McBride

Audit of NPSA Alert 22

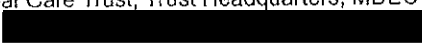
Thank you for your letter of April 2007 regarding the above matter.

Dr Kilgallen will provide details of audit activity at your meeting on 19<sup>th</sup> May 2008. With regard to the issues which you asked me to provide clarification on I wish to advise as follows:-

- The trigger for incident reporting in prescribing fluids for children is '*Any incident of Hyponatraemia*'. In addition the incident reporting guidance also defines the categories of incidents to be reported as "*Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation*".
- All incidents are investigated and any learning is acted upon and disseminated. We have evidence of specific learning which includes retraining of individual's staff, review of charts, additional ward training, and discontinuation of piggyback infusions.
- The Western Trust approved the Policy for Prescribing Intravenous Fluids to Children (copy enclosed). The Trust also approved an amended wall chart (enclosed) to include the corporately approved solution. This wall chart is displayed in all areas where any child up to the age of 16 might be treated or admitted and has replaced the previous wall charts issued in 2002.

  
Elaine Way (Mrs)  
Chief Executive

Enc.

Western Health and Social Care Trust, Trust Headquarters, MDEC Building, Altnagelvin Hospital Site, Glenshane Road, Londonderry BT47 6SB  [www.westerntrust.hscni.net](http://www.westerntrust.hscni.net)

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RECEIVED  
16 MAY 2008  
CMO'S OFFICE

Chairman  
Gerard Guckian

Chief Executive  
Elaine Way



Western Health  
and Social Care Trust

# Policy for Prescribing Intravenous Fluids to Children

MARCH 2008

## Policy for Prescribing Intravenous Fluids to Children

Policy Reference No: MED 08/001

Implementation date: March 2008

Review Date: March 2008

Name of Responsible officer: Dr Anne Kilgallen

**Policy for Parenteral Fluid Therapy for Children  
(aged from 1 month to 16 years).**

**OBJECTIVE:**

Intravenous fluids play a key role when caring for children who are ill. Many aspects of the way fluids are used must be considered if their use is to be beneficial.

This Policy sets out recommended practice for everyone who looks after children receiving intravenous fluids. It is based on regional and national guidance, ongoing clinical audit and the published literature. It should be considered alongside the Trust Algorithm "Paediatric Parenteral Fluid Therapy" based on guidance by the Department of Health, Social Services and Public Safety (NI). Further information can be obtained from CMO Update 31 on <http://www.dhsspsni.gov.uk>.

**PROFESSIONAL RESPONSIBILITIES**

It is the professional responsibility of all who look after children to ensure that they have received adequate training in intravenous fluids appropriate to their role. Furthermore they should be familiar with the Western Trust's Fluid Therapy Algorithm and accompanying prescribing material. All medical and nursing staff must understand the three modalities for giving intravenous fluids (fluid boluses, maintenance fluids and deficit replacement) and their responsibilities with regard to monitoring.

**STANDARD PROCEDURE**

1. An accurate weight must be obtained prior to the administration of any fluid to any child. This must be cross-referenced with the child's age to minimize the risk of error.
2. Children must not receive intravenous fluids unnecessarily. Intravenous fluids should not be commenced or continued if a child can tolerate oral hydration.
3. Shocked or collapsed children must immediately receive fluid boluses as outlined on the algorithm. Special treatment is needed for example; for children with diabetic comas and trauma, so senior help will normally be required.
4. All other children must have prospective electrolyte monitoring before intravenous maintenance fluids are started. This must be repeated at least 24 hourly, more often in the circumstances described. Clinical and other methods of monitoring are outlined in the guidance.

5. The type of fluid selected must be tailored to the patient's needs as set out on the algorithm. For example only children with no risk of hyponatraemia should be prescribed sodium chloride 0.45% with pre-added glucose.
6. Routine fluids must only be prescribed on a Western Health and Social Care Trust 'Daily Fluid Balance Chart for Children aged 1 month to 16 years'. Other conditions, for example Diabetic Keto Acidosis (DKA), Burns will require separate protocols and prescribing charts.
7. Calculation of overall fluid deficit and the prescription of deficit replacement should only be undertaken by a doctor experienced in caring for dehydrated children. The recommended fluid is sodium chloride 0.9% and it must be prescribed separately. The rate at which it is given is determined by the degree of dehydration and a relevant electrolyte sample.
8. Apart from boluses for shocked patients, fluids may only be administered by way of an infusion device and a buret. Details of the pump must be recorded on the fluids observations sheet.
9. Nothing may be added to fluids for use in the ward setting. Where additional electrolytes are required, they should only be administered as supplied by the manufacturer and in line with guidance.
10. All professionals caring for children must be able to diagnose and manage acute hypoglycaemia.
11. All professionals caring for children must be familiar with the signs of hyponatraemia and its emergency management.

EQUALITY AND HUMAN RIGHTS STATEMENT: The Western Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy

Signed \_\_\_\_\_ (Chairman)

Date: \_\_\_\_\_