Belfast Health and 1.1 Social Care Trust

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MH 0445 2009 RECEIVED 2 2 JUL 2008 CMO'S OFFICE

REDUCING THE RISK OF HYPONATRAEMIA WHEN ADMINISTERING IV FLUIDS TO CHILDREN

The Belfast HSCT has expended considerable time and energy trying to develop a policy which will fulfil the requirements of:-

- NPSA Alert 22 Reducing the risk of hyponatraemia when administering intravenous infusions to children
- Regional Paediatric Fluid Therapy Working Group Wallchart

Compliance with most of the requirements has been met, except where they apply to adolescents being cared for in adult wards. Patients who are in the transitional zone between being a child and an adult will always provide a problem for those planning healthcare provision. There isn't a simple age, weight, height rule that we can apply. Even the upper range of 16 years does not always delineate children from adults. This issue was highlighted in my letter of 2 May.

The dilemma, which has been pointed out forcibly by adult clinicians, is that we are asking them to apply two different treatment regimes (1 paediatric: 1 adult) in the one clinical area. This opens up the possibility of confusion which increases the risk to the patient.

We have debated this issue at length with those clinicians involved and believe this whole complex area needs further work carried out to bring clarity. We would ask you to consider working towards a single regional policy document which provides good practice guidance for fluid management of all ages. We might suggest that such a policy could outline two approaches to fluid management, primarily determined by weight:

1. Below 13 years and / or under 40 kg. Follow paediatric guidance

2. Above 13 years and above 40 kgs.

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We believe the policy for the first section is complete and that work could be carried out regionally to build on the paediatric work and develop an integrated policy which covers all ages. Such a policy would address the needs of adolescents and detail any factors, other than weight, which may influence the approach taken.

With regards to developing competency, it is felt that the provision of BMJ elearning as the main training mode in the management of this problem will not be backed up by the necessary experience due to the limited number of paediatric cases in many adult areas. In addition, the e-learning module is not a sustainable approach for future staff as it we understand it will be no longer available. In these circumstances it would be more appropriate to have a single fluid management policy which raises awareness of hyponatraemia and provides an avenue for accessing the appropriate support from paediatric colleagues. We could then develop a local training module, tailored to our needs.

I hope you will consider these comments helpful. We would be happy to discuss these further.

Yours sincerety

DR A B STEVENS MEDICAL DIRECTOR