

Maguire, John (DHSSPS)

From: Michael Shields [REDACTED]
Sent: 09 October 2009 18:18
To: SGU - NICE Guidance
Subject: FW: iv fluids

Gary

I think the view is that it will take us a considerable time for our group to make any modifications to IV Fluids WallChart - so Jarlath/Patrick/myself happy for you to go ahead with your relaunch 'as is' approved version

best wishes
Mike Shields

From: McAloon, Jarlath [REDACTED]
Sent: 08 October 2009 13:05
To: Michael Shields
Cc: patrick stewart; rodney peyton; Crean, Peter; Smith, Mike2; OHara, Patricia; Fair, Rhona; Michael Shields; Jenkins, Mark; McAloon, Jarlath; Loan, Paul
Subject: RE: iv fluids

Mike

I agree. DHSSPS was going to be retun in June/July with the only change being clarification of the age limits so I don't see why they can't go ahead with that as planned.

I agree also that we need to review the guideline but resolution of any new contention will probably follow the previous protracted pattern. I propose picking a date in the new year for the group to reconvene and identifying work to be done in the interim e.g literature review. I am prepared to Chair the group again but am more than happy to pass that baton to anyone else who wants it/ accepts a nomination.

Jarlath

From: Michael Shields [REDACTED]
Sent: 08 October 2009 07:54
To: Patrick; Fair, Rhona; McAloon, Jarlath
Cc: Crean, Peter; McAloon, Jarlath; Adair, Kirsty; SGU - NICE Guidance; rodney peyton; Smith, Mike2; OHara, Patricia; Jenkins, Mark; Loan, Paul
Subject: RE: iv fluids

Jarlath

I suspect this request has created more issues than I had expected and we may not be able to come to a rapid agreement on any change to make to the Wall Chart. I think our colleagues at the DHSSPSNI SGU-NICE team are keen to do new run of the Wall Chart in the very near future and we might be best to leave it as is - ? what do you think ?

Mike

-----Original Message-----

From: Patrick [mailto:patrickcstewart@dhsspsni.nhs.uk]
Sent: 06 October 2009 16:49
To: Fair, Rhona

Cc: Crean, Peter; McAloon, Jarlath; Michael Shields; Adair, Kirsty; SGU - NICE Guidance; rodney peyton, Smith, Mike2, OHara, Patricia; Michael Shields; Jenkins, Mark; Loan, Paul
Subject: Re: iv fluids

Thanks Rhona

Like I say there's cost and cost. The cost associated with fluids us supply and demand. One can always source around. They are not inherently more expensive. And there's nothing especially complicated in justifying that expense in my experience. having done so here. Best wishes.

Patrick

On 6 Oct 2009, at 15:38, "Fair, Rhona" [REDACTED]
> wrote:

> Hi Patrick
> I have been following the discussion with interest and would like to
> make the following comments.
> Cost is an issue in these financially straightened times. If we wish
> to move to a more expensive product there would need to be strong
> clinical evidence to justify the change and as you note there is
> little evidence out there.
> In order to use an unlicensed medicine the Belfast Trust would need to
> be assured that no suitable alternative licensed product.
> I acknowledge that the guidance should be reviewed and look forward to
> seeing the updated version
>
> Regards
>
> Rhona
>
>
> Rhona Fair
> Deputy Head of Pharmacy
> Pharmacy Services Manager
> Royal Hospitals & Mater Hospital
> [REDACTED]
> Email: rhona.fair [REDACTED]
>
>

> -----Original Message-----

> From: Patrick [mailto:patrickcstewart [REDACTED]]
> Sent: 06 October 2009 10:49
> To: Crean, Peter
> Cc: McAloon, Jarlath; Michael Shields; Adair, Kirsty; SGU - NICE
> Guidance; rodney peyton; Smith, Mike; OHara, Patricia; Fair, Rhona;
> Michael Shields; Jenkins, Mark; Loan, Paul
> Subject: Re: iv fluids
>
> You're absolutely right - the policing, audit and educational side of
> this is enormous.
>
> I'm less worried about cost. These fluids can't be patented so while
> the initial cost is low Market forces would generally be effective at

> lowing price when sales increase. Anyway I'm not sure if cheaper
> fluids represent a true economy - when we maintained appendixes on
> half normal, they were twice as likely to be on fluids after 48 hours.
>
> The monitoring side is dead easy - just make it a rule that nurses
> will require an electrolyte result prior to connecting fluids. No
> exceptions. Also reduces unnecessary prescribing.
>
> I'm actually only aware of one RCT ever in this entire field! That's
> the one about saline v half normal in gastro.
>
> Your point re kids with complex needs is well made. However the guide
> says clearly that it is an aid for initial management and lists a number
> of exclusions. Best wishes.

> Patrick

> On 6 Oct 2009, at 09:11, "Crean, Peter"

> <peter.crean@rbhsc.nhs.uk>

>> wrote:

(Hi Patrick

>>
>> In RBHSC we don't use Hartmann's postop and it is not a stock item in
>> the wards. We manage children with restricted volumes of normal
>> saline (+/- glucose 5%) post op. Many of the children have complex
>> fluid needs and I feel do well. And we try to get iv fluids
>> discontinued asap.

>>
>> I suggested looking at any relevant literature since we last met -
>> particularly RCT's if there are any. There is also a cost
>> implication of these specials that has not been mentioned - they are
>> much more expensive than the routine fluids.

>>
>> The biggest issue for me is around training for both medical and
>> nursing staff, and making sure the children are adequately monitored
>> and managed whilst on iv fluids.

>> Peter

(>> -----Original Message-----

>> From: Patrick Stewart

>> Sent: 05 October 2009 15:53

>> To: Crean, Peter

>> Cc: McAloon, Jarlath; Michael Shields; Adair, Kirsty; SGU - NICE

>> Guidance; rodney peyton; Smith, Mike; OHara, Patricia; Fair, Rhona;

>> Michael Shields; Jenkins, Mark; Loan, Paul

>> Subject: Re: iv fluids

>> Peter.


>> I hope you're well. Thanks for copying me in.

>> As a group we actually covered the evidence (such as it is) for

>> glucose-containing solutions like polyionique b66 and others and I
>> recall that we thought it worthy of recommendation. It was just that
>> the magical (if cumbersome) phrase you mention seems to have gotten
>> printed instead!
>>
>> Despite it's licensed status, there is much published data making
>> 0.9% NaCl at least controversial. No 18 and 5% glucose by the way are
>> also licenced solutions.
>>
>> I understand the Baxter solution to have a "specials" licence in any
>> event, meaning that if enough if it gets used a formal product
>> licence will follow. I have now over three years looked at the
>> electrolytes of kids on hartmanns with 3% (H3), saline with 5% and
>> half normal and frankly H3 is probably as good at preventing
>> hyponatraemia as saline.
>> It also is less acidotic and less likely to require potassium
>> supplementation. These are not new findings.
>>
>> I get that DHSPSSNI are reluctant to stick their neck out but their
>> guidance of 2007 is excellent guidance and is already a step beyond
>> NPSA 22. As I recall, when the group finished it's deliberations in
>> 2006, we wrote to the CMO asking for solutions like hartmanns with
>> glucose available.
>>
>> It just seems a shame to land short of the green on this.
>>
>> Patrick
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>> On 5 Oct 2009, at 11:46, "Crean, Peter"
>> <peter.crean [REDACTED]>
>>> wrote:
>>
>>> Hi Jarlath
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>>> I think that if we are going to make any modifications then we
>>> should look at any new literature also in the interim.
>>>
>>> Baxter Healthcare have produced a new unlicensed fluid (Glucose 1%
>>> w/ v Compound Sodium Lactate, 500ml, Product Code FKB2484) that is
>>> available UK wide. I know that Altnagelvin are using Hartmann's
>>> with glucose 3%. Again this is unlicensed.
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>>> My concern is regarding the recommendation of unlicensed fluids.
>>> The current chart is worded in such a way that it allows the use of
>>> 'Fluid Corporately agreed at Trust level'. This statement is really
>>> about the use of unlicensed fluid and I do not feel our group should
>>> be recommending these. And I am not sure the Dept of Health will
>>> want to do this either.
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>>> I am more concerned about how fluids are prescribed and ongoing
>>> monitoring.
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>>> Peter
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>>> -----Original Message-----

>>> From: McAloon, Jarlath

>>> [mailto:Jarlath.McAloon@

>>> Sent: Thursday, October 01, 2009 4:06 PM

>>> To: Michael Shields; patrick stewart

>>> Cc: Adair, Kirsty; SGU - NICE Guidance; patrick stewart; rodney

>>> peyton; Crean, Peter; Smith, Mike; OHara, Patricia; Fair, Rhona;

>>> Michael Shields; Jenkins, Mark; McAloon, Jarlath; Loan, Paul

>>> Subject: RE: iv fluids

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>>> Thanks Mike,

>>> I'm very supportive of that (and sounds similar to what we weren't

>>> allowed to do last time around). However, should we not also

>>> indicate a range for the glucose to be used i.e. 2.5 - 5% and thus

>>> keep all references to glucose containing fluids consistent in the

>>> guideline? I think we should.

>>> Jarlath

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>>> From: Michael Shields@

>>> Sent: 01 October 2009 15:48

>>> To: McAloon, Jarlath; patrick stewart

>>> Cc: Adair, Kirsty; SGU - NICE Guidance

>>> Subject: iv fluids

>>>

>>> Jarlath

>>> Patrick and I met up with the DHSS Guidelines & Standards Dept this

>>> AM and discussed the NICE Acute Vomiting Guideline in <5y olds They

>>> are going to contact NICE about several issues - but likely will

>>> adopt guidelines (at some stage) for general practice BUT will say

>>> that we should follow our local iv fluids guidelines (which is a

>>> local adaptation to NPS22, ie as per wall chart). It will not be

>>> possible to get NICE to change their guideline at this stage.

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>>> They (DHSSNI / GAIN) are keen to reproduce and re-issue another set

>>> of our IV fluid guidelines (wall chart) really soon.

>>> Patrick and I were wondering if we could get 'our' group to approve

>>> a small change/improvement - Under the box on Right ("Prescribe

>>> initial IV maintenance fluid and time for reassessment") and beside

>>> 'Hartman's Solution' to add in brackets "(with/without pre-added

>>> glucose)"

>>> They (DHSSNI / GAIN) can only make this modification if it is

>>> approved by our group. They are very keen to get this 'out' asap and

>>> therefore we are contacting you by email to see if this could be

>>> modified before the wall chart is mass produced and released again

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>>> Best wishes

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