

Maguire, John (DHSSPS)

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From: Adair, Kirsty  
Sent: 13 November 2009 12:53  
To: Campbell, Karen  
Cc: Maguire, John; Bell, Elizabeth; Hannan, Gary; Adair, Jonathan; Russell, George  
Subject: For approval of submission Wave 30 re CG84 diarrhoea & vomiting due to gastroenteritis in children under 5

Importance: High

Karen,

Please see attached submission Wave 30 which is for one clinical guideline only. You will note in particular:

- expert commentary
- Points 2, 3 & 4 of the circular commentary

I have also attached the email from Professor Mike Shields giving the go ahead to relaunch the NI Wall Chart.

I'm happy to discuss

Regards

Kirsty



Submission to  
CMO Wave 30.tr5



FW: iv fluids



Maguire, John (DHSSPS)

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From: SGU - NICE Guidance  
Sent: 14 October 2009 16:35  
To: Adair, Kirsty  
Subject: FW: iv fluids

Kirsty,

Further info.

Gary

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

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 good ahead with your relaunch 'as is' approved version

best wishes  
Mike Shields

---

From: McAloon, Jarlath [Jarlath.McAloon@DHSSPS] [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 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

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: [REDACTED]]

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: [REDACTED]

>

>

>

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

> From: Patrick [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  
> lowering 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 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@[REDACTED]>  
>> 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  
>( continued 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 [REDACTED]

>> 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

>>

>>

>> On 5 Oct 2009, at 11:46, "Crean, Peter"

>>

>>> wrote:

>>

>>> Hi Jarlath

>>>

>>> 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.

>>>

>>> Peter

>>>

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

>>> From: McAloon, Jarlath

>>>

>>> 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

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>>> 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  
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>>> 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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>>> Mike

From: Karen Campbell  
Head of Standards and Guidelines Quality Unit

Date: 10 December 2009

1. Dr Jim Livingstone (Approved 15/12/09)
2. Dr Michael McBride, CMO

## DEPARTMENTAL ENDORSEMENT OF NICE GUIDANCE

### Introduction

1. This memo seeks your approval for Departmental endorsement of the following NICE guidance:
  - CG 84 Diarrhoea and Vomiting Due to Gastroenteritis in Children Under 5
2. You should note that, while there was support for most of the guidance, some concern was expressed by local experts about the section on fluid management which does not fully match the existing guidance set out on the wall chart for areas within hospitals where children are treated. The wall chart was based on NPSA guidance whereas we understand that the NICE guidance was based on a combination of NPSA and WHO guidance, which caused some debate even within the group producing the guidance. Local experts met Departmental professional and SQS policy staff and it was concluded that given the study of the subject following the hyponatraemia cases here, the wall chart was the safer mechanism. The following caveat to DHSSPS endorsement is therefore included at point 2 in the circular:

“Where this guidance refers to the management of IV fluids, clinicians should apply the guidance in the wall chart on Parenteral Fluid Therapy for Children and Young Persons aged Over 4 Weeks and Under 16 Years.”
3. Having included the caveat above, it is considered that the recommendations in this guidance are unlikely to create controversy. Therefore Ministerial approval is not required prior to the Department's endorsement of these particular recommendations.
4. A Departmental circular for this NICE guidance is attached together with an appendix providing the following information from the local review:
  - Equality screening
  - NI expert commentary
  - NI Guidance Review Group
  - NI resource implications
5. If you have any queries please contact either myself ( [REDACTED] ) or Kirsty Adair ( [REDACTED] )

Karen Campbell  
Head of Standards and Guidelines Quality Unit

cc: Dr Liz Mitchell  
Dr Paddy Woods  
Linda Brown  
Dr Miriam McCarthy  
Martin Bradley  
Dr Norman Morrow  
David Galloway  
Christine Jendoubi  
Dr Mark Timoney  
Dr Ian McMaster  
Dr Maura Briscoe  
Dr Martin Donnelly  
Adrian Murphy  
Kirsty Adair  
George Russell  
John Maguire  
Elizabeth Bell  
Gary Hannan

From the Chief Medical Officer  
Dr Michael McBride



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

Circular HSC (SQSD) (NICE) 02/10 CG 84

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydënter Heisin  
an Fowk Siccar**

**Subject: Clinical Guideline No 84 – Diarrhoea and  
Vomiting Due to Gastroenteritis in Children Under 5**

Circular Reference: HSC (SQSD) (NICE) 02/2010

Date of Issue: xx January 2010

**For action by:**

Chief Executive of HSC Board – for distribution to:

- Director of Performance Management & Service Improvement
- Director of Commissioning
- Assistant Directors of Commissioning
- Head of Pharmacy and Medicines Management
- Family Practitioner Services Leads – for cascade to relevant
- Family Practitioner groups

Chief Executive of Public Health Agency – for distribution to:

- Director of Public Health
- Director of Nursing

Chief Executives of HSC Trusts – for distribution to:

- Medical Directors – for cascade to relevant staff
- Directors of Nursing – for cascade to relevant staff
- Heads of Pharmaceutical Services – for cascade to relevant staff
- Directors of Acute Services – for cascade to relevant staff
- HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

**For Information to:**

- Chair of HSC Board
- Chair of Public Health Agency
- Chairs of HSC Trusts
- Chief Executive, Regulation & Quality Improvement Authority
- Chief Executive Patient and Client Council
- Chief Executive/Postgraduate Dean, NIMDTA
- Chief Executive, NICPLD
- Chief Executive, NIPEC
- Chair, RMSG

**Summary of Contents:**

This guideline covers diagnosis, assessment of dehydration, fluid management, nutritional management and the role of antibiotics and other therapies to children under 5 suffering gastroenteritis.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:  
Standards & Guidelines Quality Unit  
DHSSPS  
Room D1.4  
Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ

[SGU-NICEGuidance@dhsspsni.gov.uk](mailto:SGU-NICEGuidance@dhsspsni.gov.uk)

**Related documents:**

See Bullet Point 5 below

**Superseded documents**

**Status of Contents:**

Action

**Implementation:**

To take account of this guidance in delivery and planning of services to children under 5 suffering from gastroenteritis.

**Additional copies:**

Available to download from  
<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

*Dear Colleagues*

***Clinical Guideline No 84 – Diarrhoea and Vomiting Due to Gastroenteritis in Children Under 5***

This guideline applies to children younger than 5 years who present to a healthcare professional for advice in any setting. It covers diagnosis, assessment of dehydration, fluid management, nutritional management and the role of antibiotics and other therapies. It provides recommendations on the advice to be given to parents and carers, and also considers when care should be escalated - from home management through to hospital admission.

The guideline will assume that prescribers will use a drug's summary of product characteristics to inform their decisions for individual patients.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE technology appraisal guideline is available for download at:  
<http://guidance.nice.org.uk/CG84>

The HSC sector also should note that;

1. The Department expects HSC organisations to take account of this guidance in the planning and delivery of their services to children under 5 suffering from Gastroenteritis.
2. Where this guidance refers to the management of IV fluids, clinicians should apply the guidance in the wall chart on **Parenteral Fluid Therapy for Children and Young Persons aged Over 4 Weeks and Under 16 Years**. (insert link to the NI guidance)
3. The Mental Capacity Act 2005 and the Department of Health document 'Reference Guide to Consent for Treatment or Examination' do not apply in NI, but work is under way to bring forward the mental capacity legislation for NI. The DHSSPS guidance 'Reference Guide to Consent for Examination, Treatment or Care (2003)', which is available on the DHSSPS website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. (insert link to the DHSSPS guidance)
4. Where reference is made to the Department of Health guidance 'Seeking consent: working with children', Northern Ireland healthcare professionals should follow the DHSSPS equivalent guidance 'Seeking consent: working with children'. (insert link to the NI guidance)
5. Where the guidance refers to 'remote assessment' and 'NHS Direct', these do not apply to NI. There is an out of hours facility, which is a doctor led service, available in NI when the GP surgeries are closed.

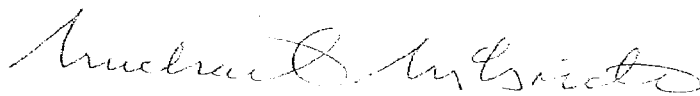
6. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.
7. NICE has developed tools to help organisations implement this guidance. These are available at <http://guidance.nice.org.uk/CG84> and include costing tools, implementation advice and audit criteria to monitor local practice.

8. NICE has developed related guidance and this can be accessed at:

Feverish illness in children: assessment and initial management in children younger than 5 years. NICE clinical guideline 47 (2007). Available from:  
[www.nice.org.uk/CG47](http://www.nice.org.uk/CG47)

All NICE guidance endorsed by the Department to date can be viewed on the DHSSPS website at:  
<http://www.dhsspsni.gov.uk/sqsd-guidance-nice-guidance>

Circular HSS (PPMD) (NICE) 01/06 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:  
[http://dhsspsni.gov.uk/nice\\_guidance\\_01-06.pdf](http://dhsspsni.gov.uk/nice_guidance_01-06.pdf)



**DR MICHAEL McBRIDE**  
Chief Medical Officer

<p><b>Title of guidance</b></p> <p>CG 84 Diarrhoea and Vomiting Due to Gastroenteritis in Children</p>
<p><b>Date for publication by NICE</b></p> <p>The guideline was published in April 2009.</p>
<p><b>Equality screening</b></p> <p>No potential adverse impact has been found.</p>
<p><b>NI expert commentary</b></p> <p>Drs David Sweet and Richard Tubman, Consultant Paediatricians, Belfast Trust Provided comment. Dr Sweet noted that, Northern Ireland does not have an equivalent of NHS direct. The "remote assessment" part of the guideline may therefore be obsolete. Dr Tubman concurred with the recommendations contained in the guideline.</p> <p>Professor Mike Shields, Consultant Paediatrician, QUB, and some members of the NI Regional Paediatric IV Working Group also provided comment and felt that the NICE guidance was generally very good however any concerns they had centred around the IV Fluids section of the document. Departmental officials met with Professor Shields and Dr Patrick Stewart from the IV Working Group to further discuss the issues. Although the NICE guidance was produced taking account of the WHO and NPSA guidance, the experts felt that because of the focus on this area in Northern Ireland, the NI Wall Chart continued to be the safest way of determining fluids management and this should continue to be used and therefore a caveat along these lines has been included to the Departmental endorsement circular.</p>
<p><b>Guidance Review Group recommendation</b></p> <p>The local expert comments were sent to the NI Guidance Review Group for consideration. No adverse comments have been received from the Group therefore it is agreed that this NICE guidance be submitted to the Department for endorsement.</p>
<p><b>NI resource implications</b></p> <p>It is estimated that implementation of this clinical guideline will have no significant impact on resources.</p>