

## Shared Care Guideline

### ***Oral sodium chloride supplement for neonates and children***

It is vital for safe and appropriate patient care that there is a clear understanding of where clinical and prescribing responsibility rests between Consultants and General Practitioners (GPs).

This guideline reinforces the basic premise that:

When clinical and / or prescribing responsibility for a patient is transferred from hospital to GP, the GP should have full confidence to prescribe the necessary medicines. Therefore, it is essential that a transfer of care involving medicines that a GP would not normally be familiar with, should not take place without the “sharing of information with the individual GP and their mutual agreement to the transfer of care.”

These are not rigid guidelines. On occasions, Consultants and GPs may agree to work outside of this guidance. As always, the doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

#### **Indications:**

Sodium supplement

#### **Dosage and administration:**

Preterm neonate: start with 1mmol/kg four times a day orally and adjust according to requirements and serum sodium concentrations

Child 1month-18years: start with 1mmol/kg twice a day orally and adjust according to requirements and serum sodium concentrations. Higher doses may be needed in severe depletion.

**Additional Information:** Sodium chloride supplements may be used in the following:

- Preterm neonates in early life.
- Other babies with mild or moderate sodium depletion eg due to salt-losing bowel or renal disease.
- Children with cystic fibrosis to replace losses particularly during hot weather.

**Monitoring requirements:** Urea and electrolytes will be measured before and during treatment. This will be undertaken in Secondary Care, at out-patient review. If patient develops any symptoms of hypernatraemia such as shortness of breath, or a puffy face, at any point during therapy they should be advised to stop therapy and contact their doctor straight away.

**Action to be taken if abnormal results/adverse effects:** If child becomes short of breath, and their face becomes puffy, the parent/carer should be advised to contact their doctor straight away, as the amount of sodium may be too high. They should not give any more sodium chloride until their doctor advises them to.

**Contraindications:** Hypernatraemia.

**Significant Drug interactions:** Nil.

**Cautions:** Nil.

**Adverse Effects:** Sodium chloride does not usually cause any unwanted side-effects. If the child becomes short of breath, and their face becomes puffy, they should contact a doctor straight away, as the amount of sodium may be too high. They should be advised to not give any more sodium chloride until advised to do so.

#### **Specialist responsibilities:**

- Assessing suitability of patients for treatment.
- Initiating treatment and assessing for adverse effects.

- Liaison with GP to agree shared care once patient has been stabilised.
- Promoting patient compliance.
- Providing information for GPs.
- Liaison and monitoring patient response to treatment.
- Reporting adverse effects to CSM.

**GP's responsibilities:**

- Prescribing sodium chloride supplements once patient has been stabilised.
- Liaison with the hospital consultant regarding any complications of treatment.
- Reporting adverse drug reactions to the hospital.
- Promoting patient compliance.

**Patient's responsibilities:** Parents and children can get additional information about use of sodium chloride on the [Medicines for Children Website](#).

**Secondary care review:**

- On initiation by paediatrician and follow up within first 3months of therapy. Annual review or more frequently if deemed necessary on an individual basis by paediatrician.

**Availability:**

Wirral Hospitals supply sodium chloride solutions as:  
Sodium chloride 1.47g/5mL (5mmol/mL) oral solution 10mL or 100mL

Sodium supplements are available in various concentrations. The most cost-effective solution for GPs to prescribe (December 2017 Drug Tariff) is:  
Sodium chloride 1.5g/5mL (5.13mmol/mL) oral solution.

Both products can be used interchangeably and clinicians should prescribe the most cost-effective product.

**Back up advice and support:  
Name, designation and contact  
telephone number)**

Please contact the child's named consultant on 0151 678 5111 or email [wih-tr.paedconsultants@nhs.net](mailto:wih-tr.paedconsultants@nhs.net)

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