

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: Intravenous fluids in children in hospital

1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

| What issue was identified and what was done to address it? | Was there an impact on the recommendations? If so, what? |
|---|--|
| <p>During development of the draft scope, it was identified that there were some religious groups who may choose to abstain from certain fluids (for example, Jehovah's witnesses and the use of albumin), as well as people who may abstain from the use of intravenous fluids because of fasting. It was identified that where there was a clinical need for the fluid and the parent/carer refused treatment, the child would become a ward of court and legally, the appropriate clinical treatment could then be given. It was agreed that this issue would not be specifically included as a review question within the guideline however, where relevant, this issue would be highlighted.</p> | <p>For those recommendations which related to the prescription of intravenous fluid to children and young people, the GDG chose to highlight in the 'Linking evidence to recommendations' section of the full guideline that parents/carers from some religious groups or who are fasting may choose to abstain from intravenous fluids.</p> |
| <p>Babies born under 72 hours may be considered separately where appropriate.</p> | <p>Separate recommendations have been developed for babies under the age of 72 hours, where appropriate.</p> |

| Other comments |
|----------------|
| None. |

Insert more rows as necessary.

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

| What issue was identified and what was done to address it? | Was there an impact on the recommendations? If so, what? |
|--|--|
| None. | None. |
| Other comments | |
| None. | |

Insert more rows as necessary.

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

| |
|--|
| None of the recommendations discriminate against any individual or specific group. |
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4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

The recommendations within the guideline are cross-cutting and apply to all children and young people. Recommendations have been developed to tailor the intervention to specific subgroups where appropriate (for example, in the use of body surface area for assessment of intravenous fluid requirements in children and young people who have acute kidney injury, cancer or a weight over the 91st centile).

For those recommendations which related to the prescription of intravenous fluid to children and young people, the GDG chose to highlight in the 'Linking evidence to recommendations' section of the full guideline that parents/carers from some religious groups or who are fasting may choose to abstain from intravenous fluids.

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The recommendations have been formulated to foster good relation throughout.

Signed:

Ian Bullock

Peter Crean

NCC Director

GDG Chair

Date: 12/02/2015

Date: 12/02/2015

Approved and signed off:

Sharon Summers-Ma

CCP Lead

Date: