

IV fluids in children

Intravenous fluid therapy in children and young people in hospital

Appendix J

May 2015

Draft for consultation

*Commissioned by the National Institute for
Health and Care Excellence*

Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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Funding

National Institute for Health and Care Excellence

Contents

Appendix J: Forest plots	5
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Appendix J: Forest plots

J.1 Assessment and monitoring

J.1.1 Methods of assessing IV fluid requirements

J.1.1.1 Body weight versus body surface area

None

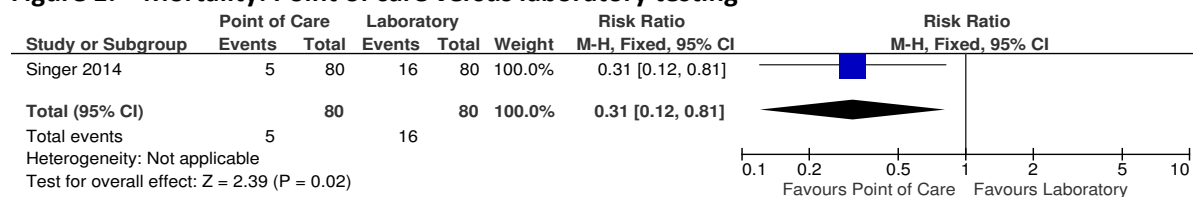
J.1.2 Methods of calculating IV fluid requirements

J.1.2.1 Measurement and documentation

None

J.1.2.2 Point of care versus laboratory testing

Figure 1: Mortality: Point of care versus laboratory testing



J.1.2.3 Assessing dehydration and hypovolaemia

None

J.2 IV fluid therapy for fluid resuscitation

J.2.1 Fluid type for fluid resuscitation

J.2.1.1 Sepsis

J.2.1.1.1 Colloids versus crystalloids

J.2.1.1.1.1 Dextran 6% versus Ringer's lactate solution

Figure 2: Mortality: Dengue shock syndrome patients

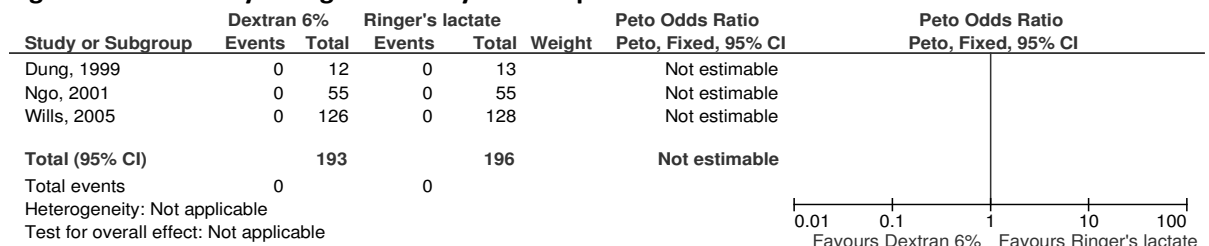
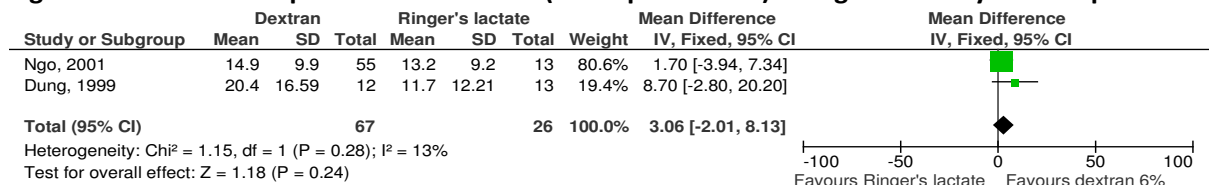


Figure 3: Decrease in pulse at 1 or 2 hours (beats per minute): Dengue shock syndrome patients



J.2.1.1.1.2 Gelatin versus 0.9% sodium chloride

Figure 4: Mortality: Sepsis patients

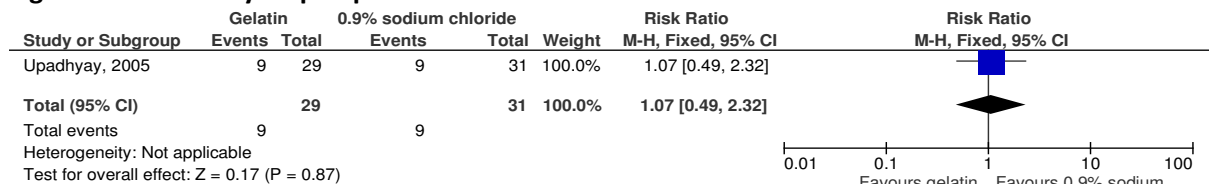


Figure 5: Haemodynamically stable at 6 hours: Sepsis patients

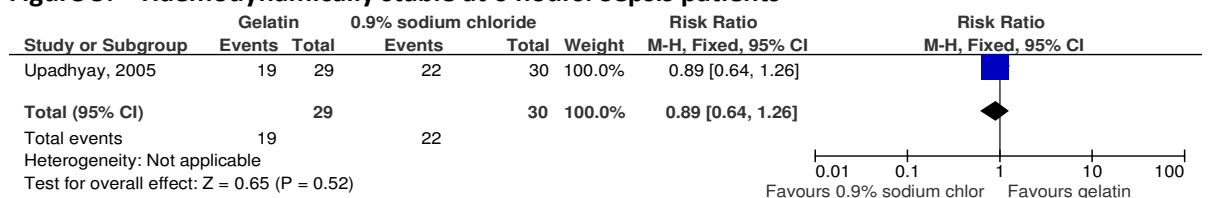


Figure 6: Haemodynamically stable at 12 hours: Sepsis patients

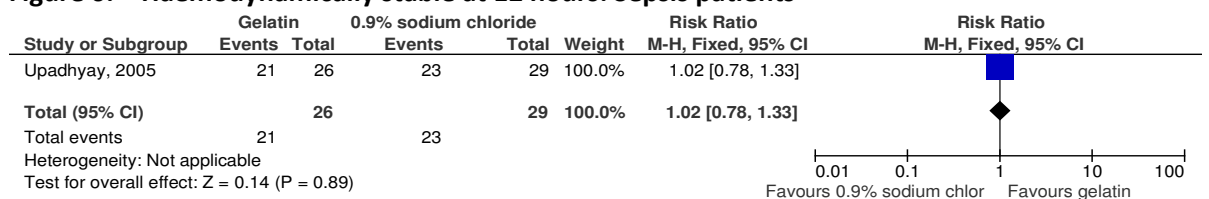


Figure 7: Mortality: Dengue shock syndrome patients

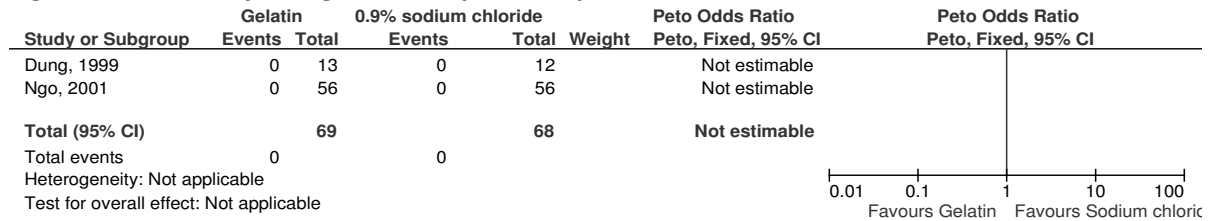
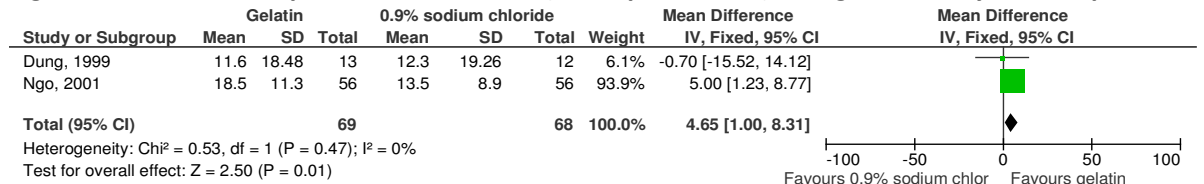


Figure 8: Decrease in pulse at 1 or 2 hours (beats per minute): Dengue shock syndrome patients



J.2.1.1.1.3 Dextran versus 0.9% sodium chloride

Figure 9: Mortality: Dengue shock syndrome patients

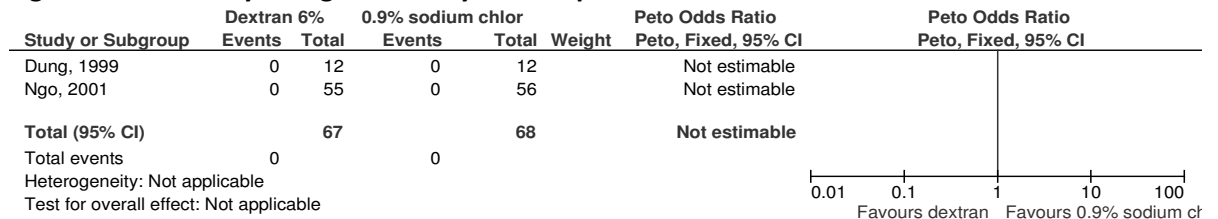
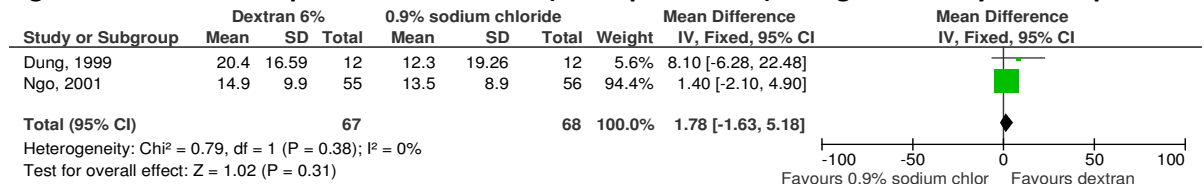


Figure 10: Decrease in pulse rate at 2 hours (beats per minute): Dengue shock syndrome patients



J.2.1.1.1.4 Gelatin versus Ringer's lactate solution (balanced crystalloids)

Figure 11: Mortality: Dengue shock syndrome patients

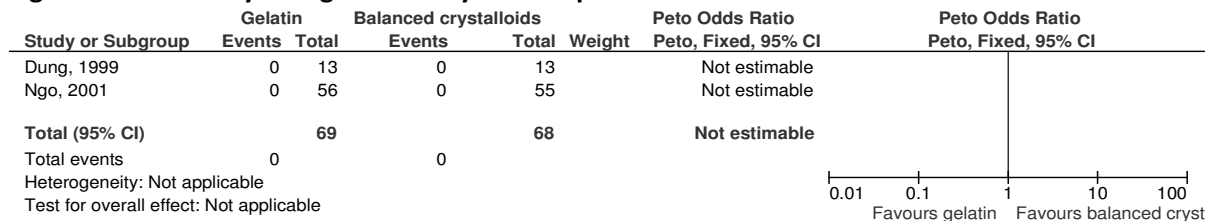
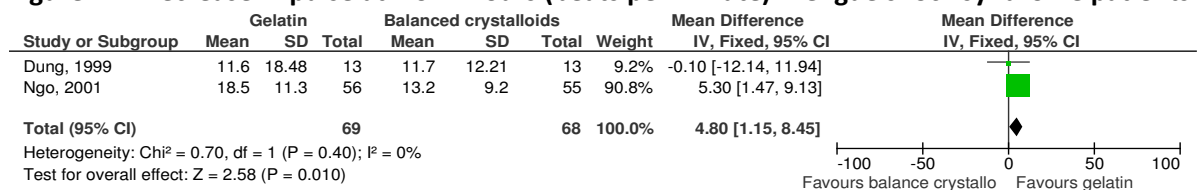


Figure 12: Decrease in pulse at 1 or 2 hours (beats per minute): Dengue shock syndrome patients



J.2.1.1.1.5 Dextran versus gelatin – sepsis patients

Figure 13: Mortality

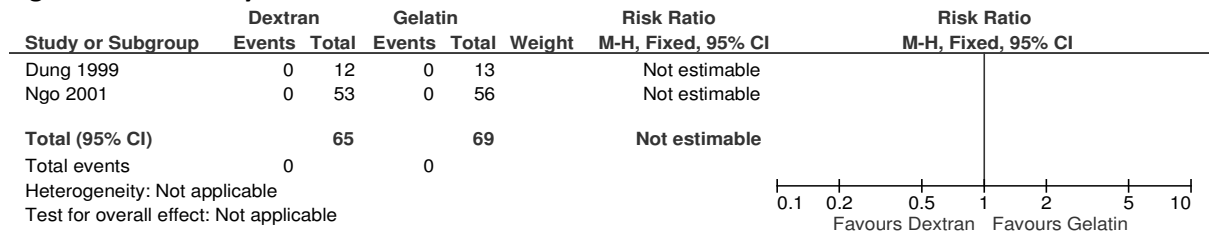
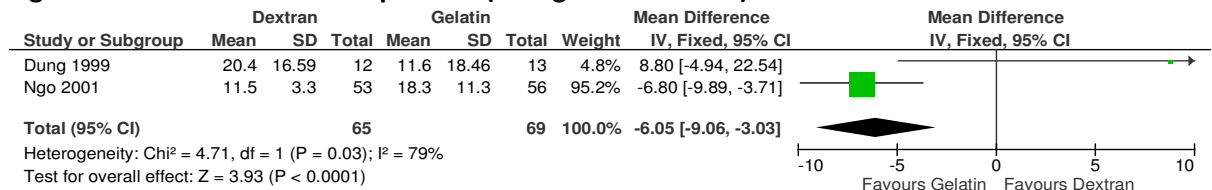


Figure 14: Cardiovascular compromise (change in heart rate)



J.2.1.1.2 Colloids versus albumin

J.2.1.1.2.1 Colloids versus albumin – sepsis patients

Figure 15: Mortality

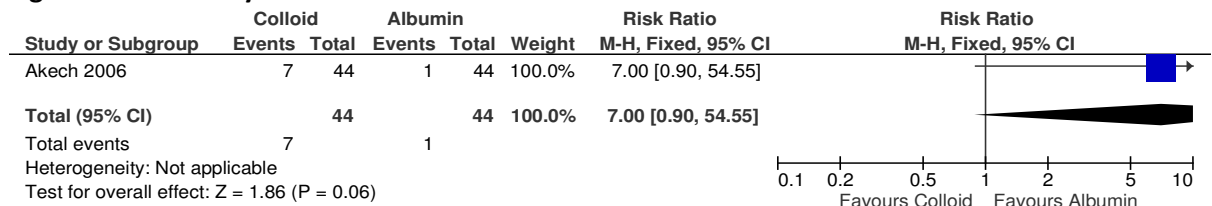
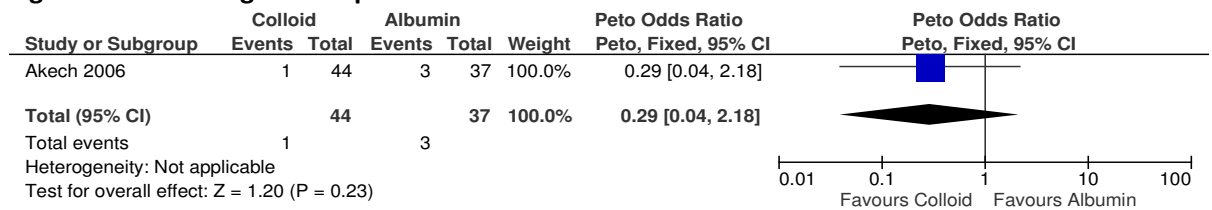


Figure 16: Neurological compromise



J.2.1.1.3 Albumin versus crystalloids

J.2.1.1.3.1 Albumin versus 0.9% sodium chloride (crystalloids)

Figure 17: Mortality at 28 days



Figure 18: Mortality at 8 hours

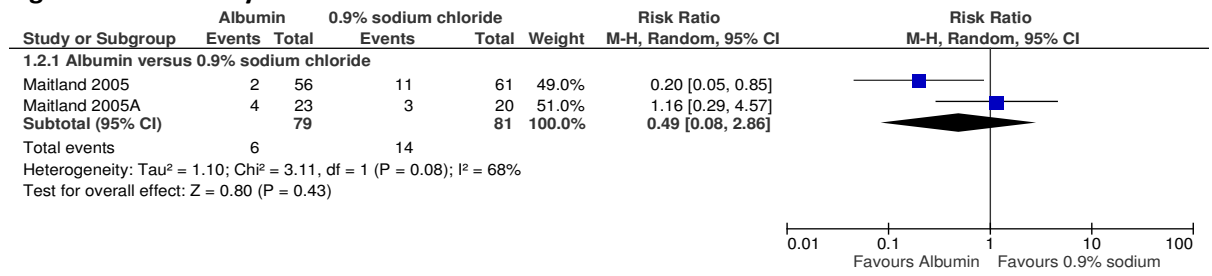


Figure 19: Pulmonary oedema

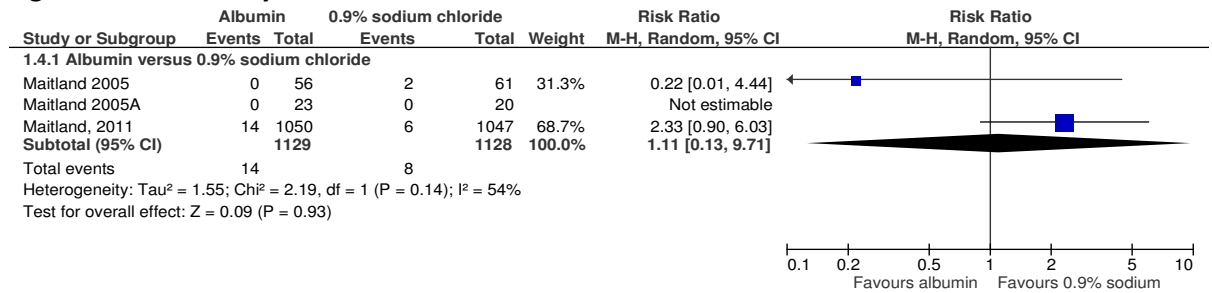


Figure 20: Neurological deterioration

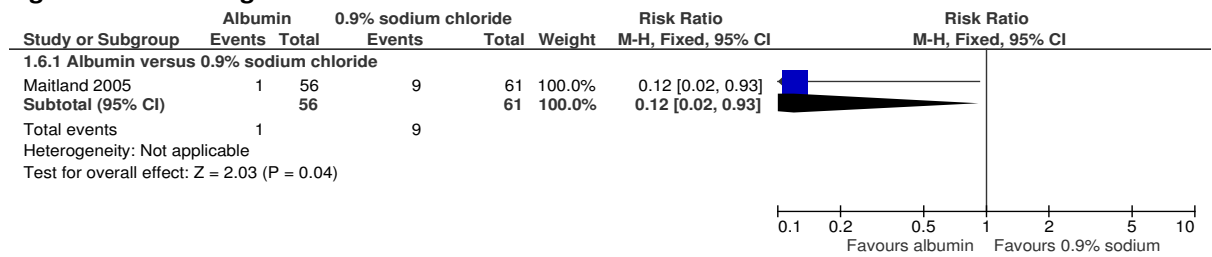


Figure 21: Neurological sequelae

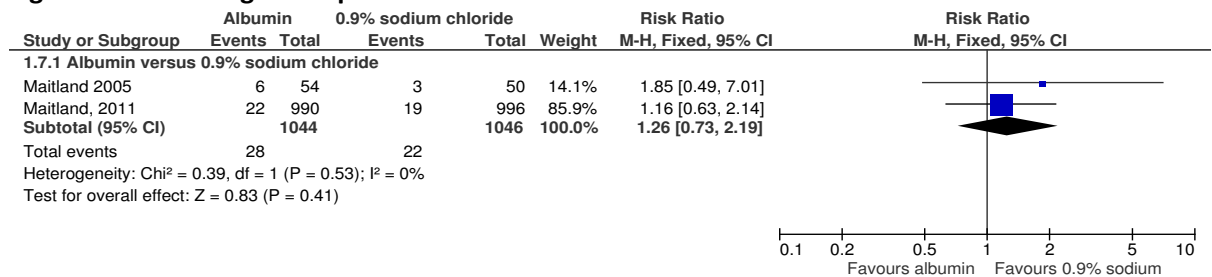
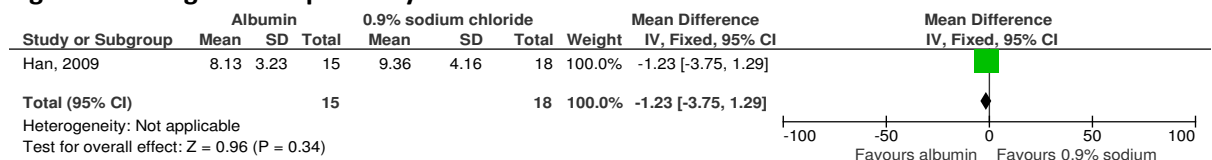


Figure 22: Length of hospital stay



J.2.1.1.3.2 Ringer's lactate solution versus hypertonic sodium chloride

Figure 23: Mortality (death at 3-15 days)

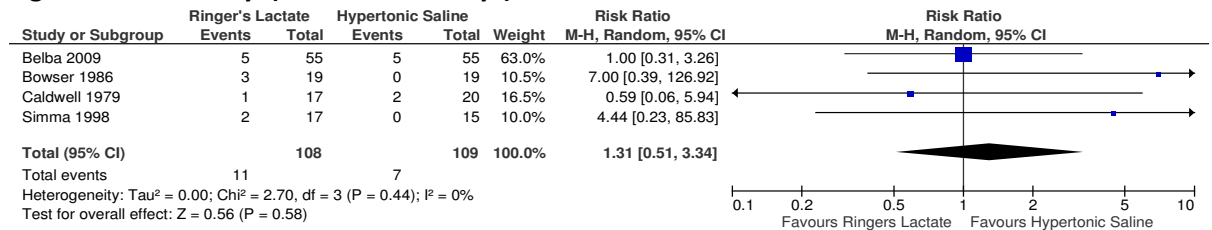


Figure 24: Cardiovascular compromise (incidence of ARDS)

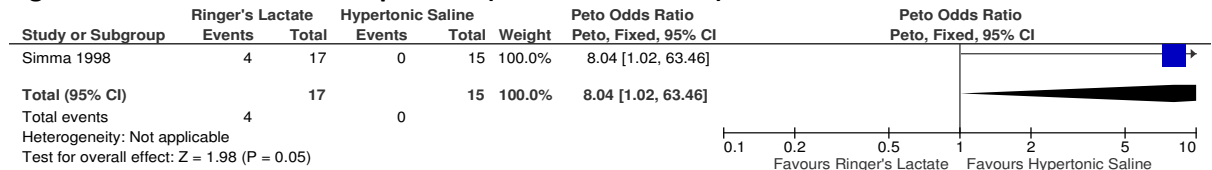


Figure 25: Cardiovascular compromise (arrhythmia)

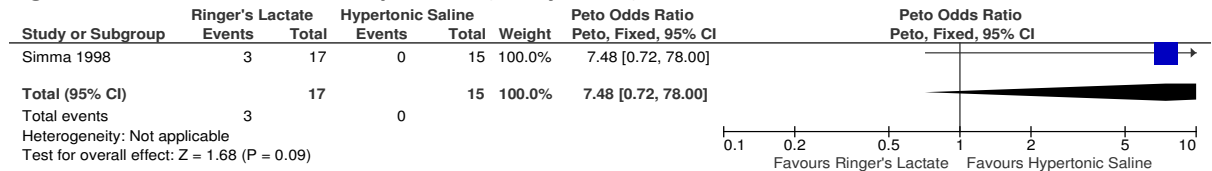
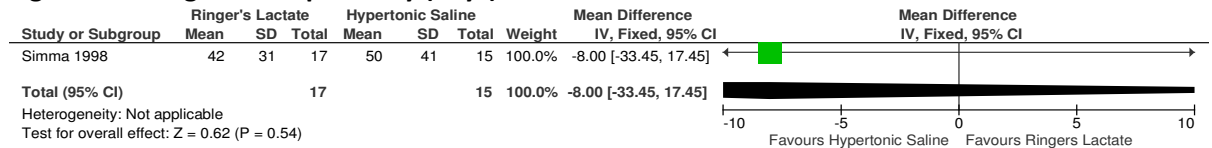


Figure 26: Length of hospital stay (days)



J.2.2 Volume and rate of administration for fluid resuscitation

None

J.3 IV fluid therapy for routine maintenance

J.3.1 Fluid type for routine maintenance

J.3.1.1 Additional glucose

Figure 27: Ringer’s lactate solution versus Ringer’s lactate solution + 5% dextrose: Neurological sequelae



Figure 28: 0.9% sodium chloride versus Ringer’s lactate solution + 5% dextrose: Mortality

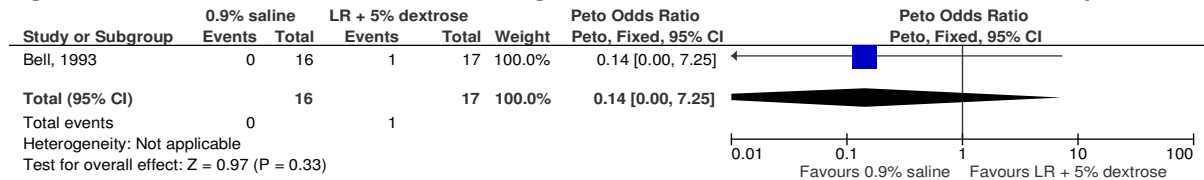


Figure 29: 0.9% sodium chloride versus Ringer’s lactate solution + 5% dextrose: Cardiorespiratory arrest

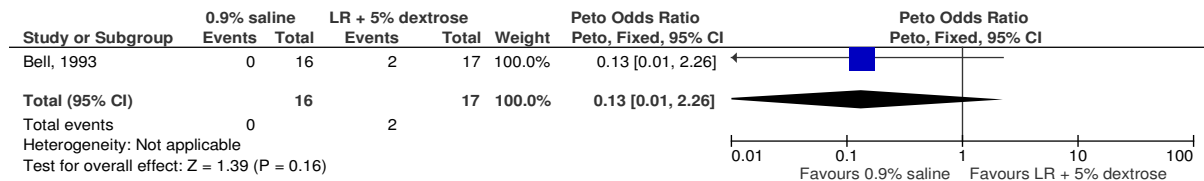


Figure 30: 0.9% sodium chloride versus Ringer’s lactate solution + 5% dextrose: Mean days in ICU

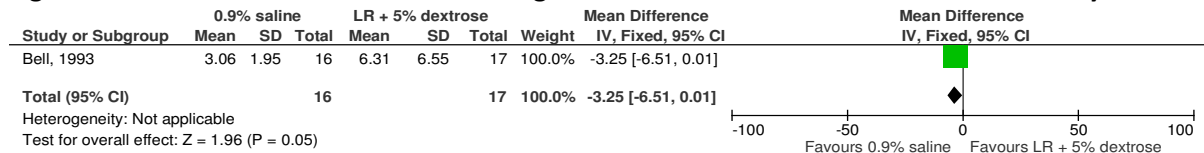


Figure 31: 0.9% sodium chloride versus Ringer’s lactate solution + 5% dextrose: Mean days to discharge in hospital

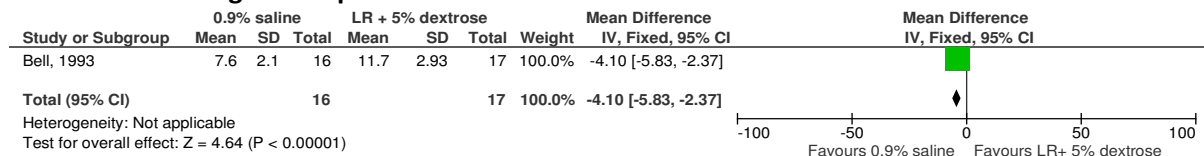
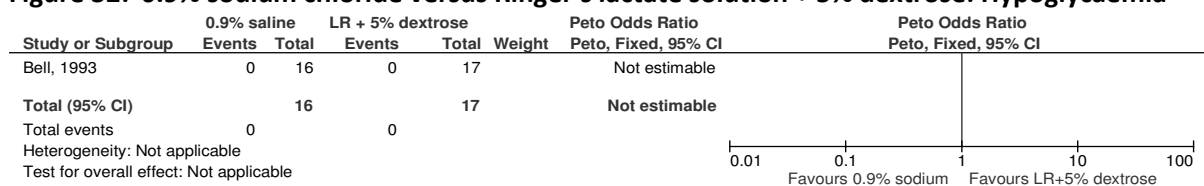


Figure 32: 0.9% sodium chloride versus Ringer’s lactate solution + 5% dextrose: Hypoglycaemia



J.3.1.2 Isotonic versus hypotonic solution for routine maintenance in children aged 48 hours to 28 days

Figure 33: Hyponatraemia

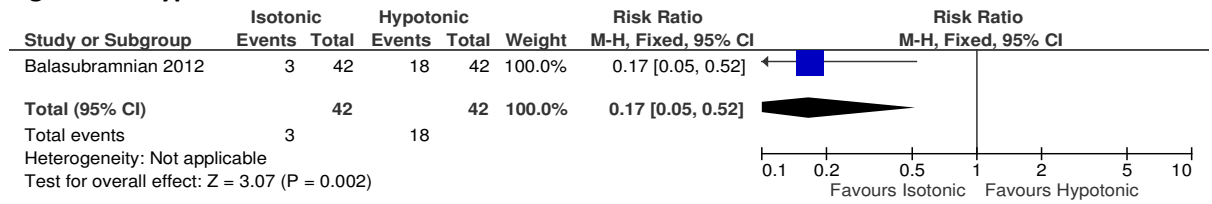


Figure 34: Severe hyponatraemia

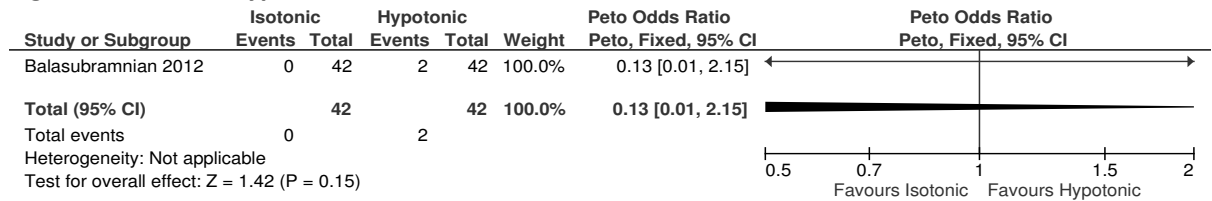
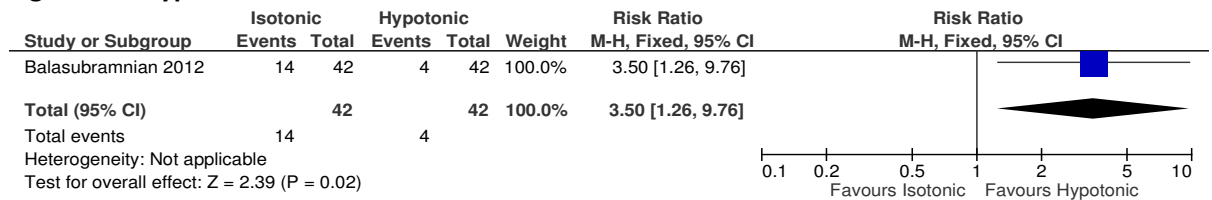


Figure 35: Hypernatraemia



J.3.1.3 Isotonic versus hypotonic solution for routine maintenance in children aged 28 days to 16 years

Figure 36: Mortality

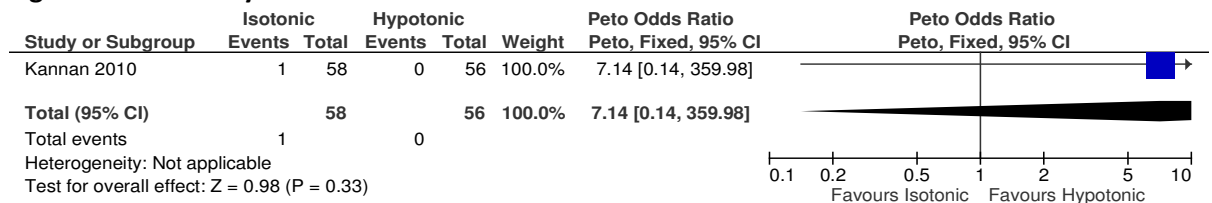


Figure 37: Hyponatraemia

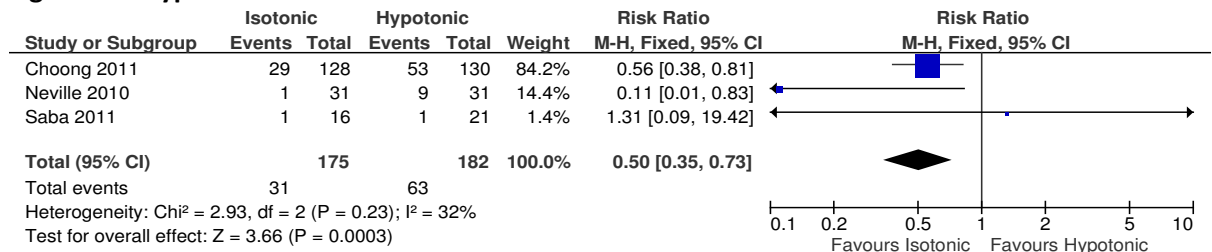


Figure 38: Severe hyponatraemia

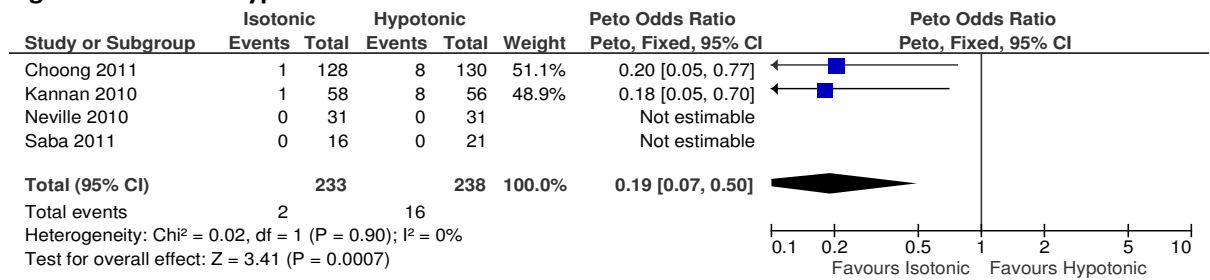


Figure 39: Hypernatraemia

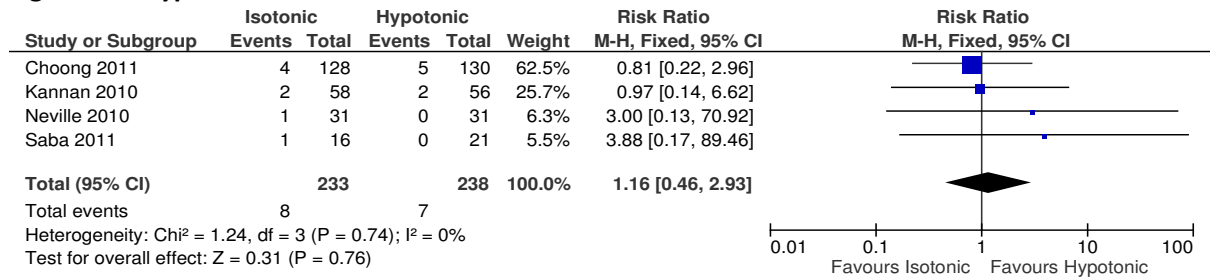
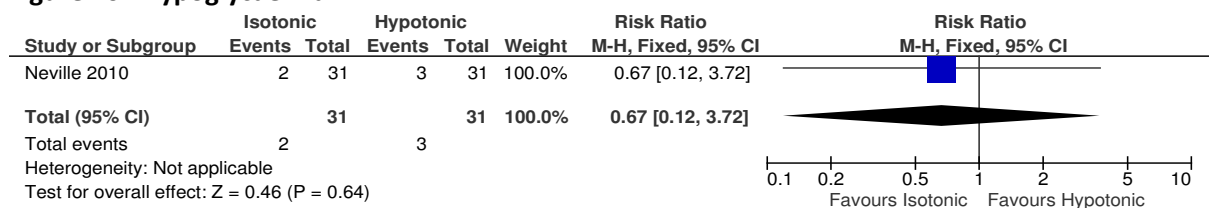


Figure 40: Hypoglycaemia



J.3.1.4 Isotonic versus hypotonic solution for routine maintenance in children within a specialist unit

Figure 41: Mortality

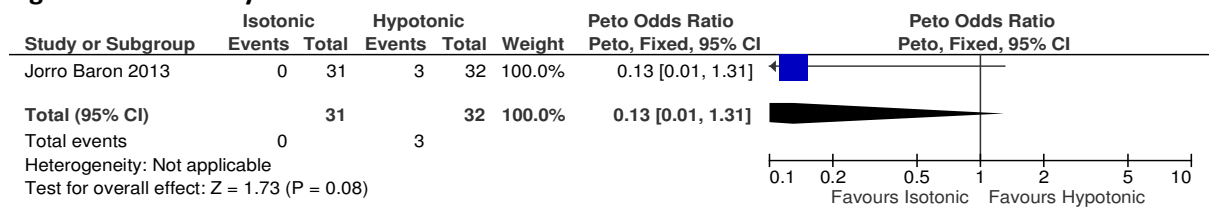


Figure 42: Length of PICU stay

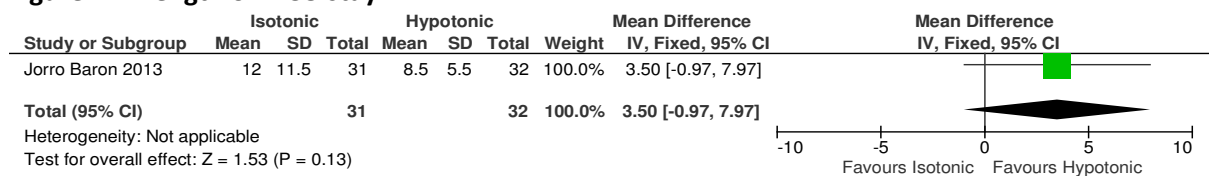


Figure 43: Hyponatraemia

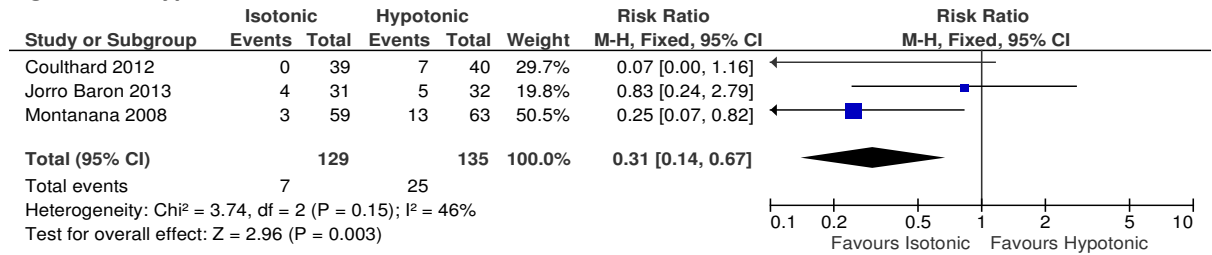


Figure 44: Severe hyponatraemia

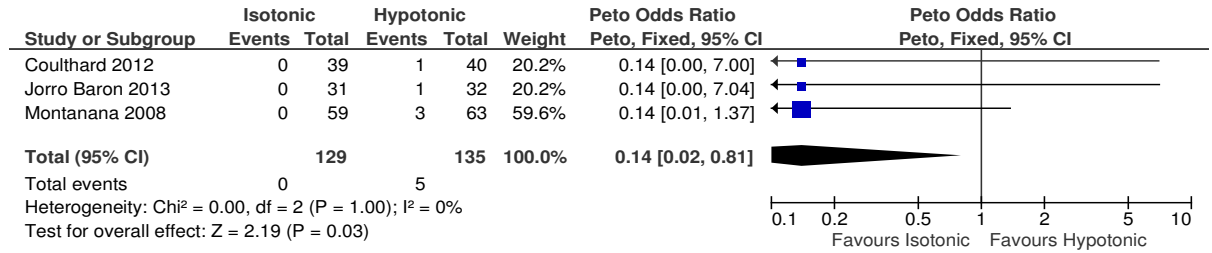


Figure 45: Hypernatraemia

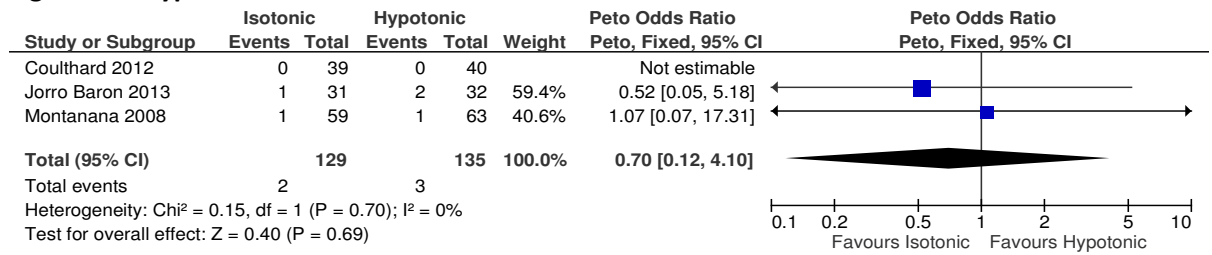
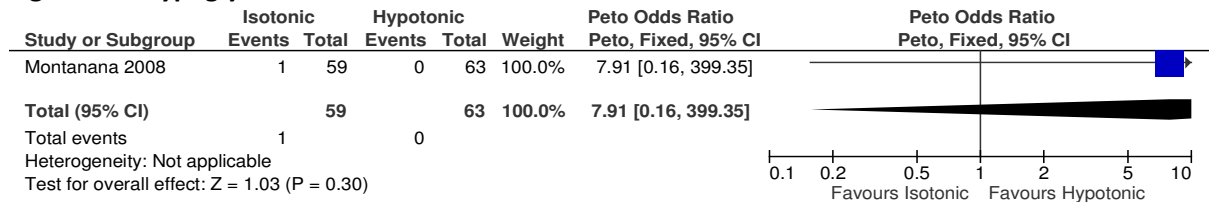


Figure 46: Hypoglycaemia



J.3.2 Rate of administration for routine maintenance

J.3.2.1 Isotonic crystalloid at normal rate versus restricted rate

Figure 47: Hyponatraemia at 8 hours

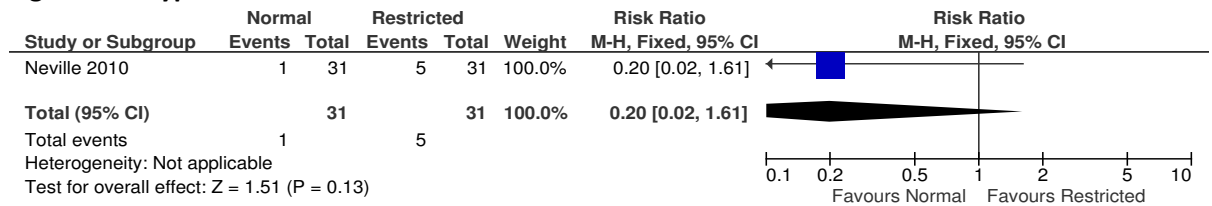


Figure 48: Hyponatraemia at 24 hours

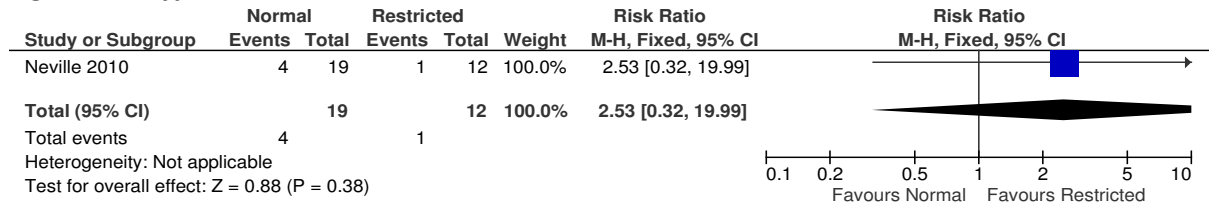


Figure 49: Hypernatraemia at 8 hours

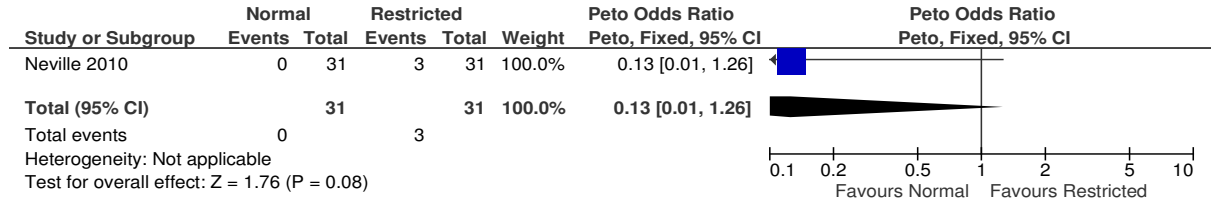
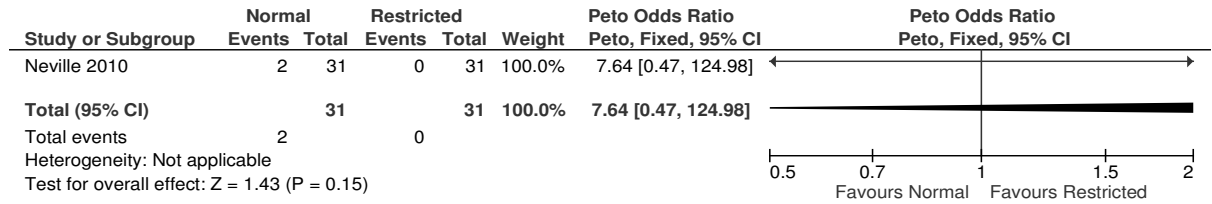
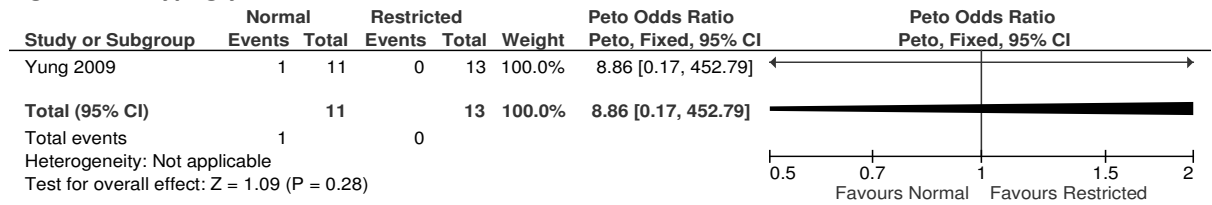


Figure 50: Hypoglycaemia at 24 hours



J.3.2.2 Normal versus restricted in a specialist unit

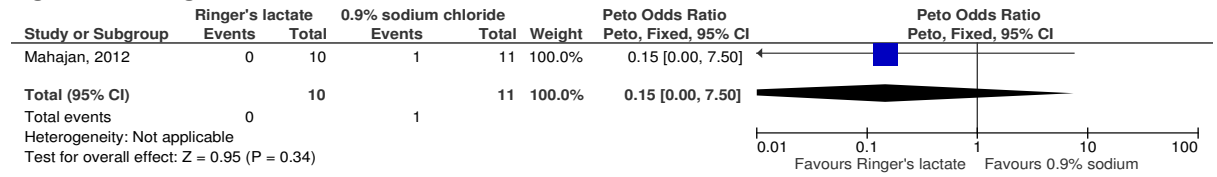
Figure 51: Hypoglycaemia at 24 hours



J.4 IV fluid therapy for replacement and redistribution

J.4.1 Ringer's lactate solution versus 0.9% sodium chloride

Figure 52: Ringer's lactate solution versus 0.9% sodium chloride



J.5 Managing hypernatraemia and hyponatraemia developing during IV fluid administration

J.5.1 Management of hypernatraemia

None

J.5.2 Management of hyponatraemia

None

J.6 Training and education of healthcare professionals for management of IV fluid therapy

None