



GIFTAHo; and improvement on GIFTSuP? New Nice Guidelines on intravenous fluids

Remove far from me vanity and lies; give me neither poverty nor riches; feed me with food convenient

for me —Proverbs 30.8 King James Bible (Pure Cambridge 'Authorized Version'; <http://www.kingjamesbible.org/Proverbs-30-8/>)

Five years ago, an editorial in this journal carried a withering attack on the unpublished British Consensus Guidelines on Intravenous Fluid Therapy in Adult Surgical Patients (GIFTASuP), condemning them as: “an object lesson in the perils of writing guidelines. . . evidence-based scores used inappropriately allow[ing] opinion to masquerade as fact. . . an illusion of knowledge and certainty where little exists” [1]. Sub-optimal fluid therapy is costing patients their lives and causing tens of thousands of patients to suffer complications every year, according to the Chairman of the Guideline Development Group (GDG) that has produced the National Institute of Health and Care Excellence’s (NICE’s) new guidelines on Intravenous Fluid Therapy in Adults in Hospital (GIFTAHo) [2]. He has therefore declared GIFTAHo to be amongst the most important guidances NICE has ever issued [3]. But has it identified from evidence, rather than opinion, the optimal prescribing principles that will deliver improved patient outcomes? In this editorial, I suggest not. The NICE process is clearly defined, and has been designed to squeeze cold facts out of hard published data. The technical team formulates questions about the intervention under consideration, the outcomes of interest and the comparisons that have been made. The GDG then refines, validates and answers these questions based on the distilled evidence. In two chapters, The principles of fluid prescribing and assessment and monitoring of patients receiving intravenous fluid therapy, it was not considered possible to perform clinical evidence reviews. In these chapters, the GDG drafted recommendations as expert consensus opinion, citing a promotional booklet commissioned from two GDG members by the pharmaceutical manufacturer B. Braun [4]: “If the wording and sentiment of the text is similar, it can be attributed to the

GDG members’ direct involvement in both pieces of work.” (full guidance footnote b, p 48).

Specific questions and recommendations

There is listed a substantial cohort of hospitalised adults to whom this Guidance must not be applied: pregnant patients; patients with severe renal or hepatic disease; those with diabetes, burns or traumatic brain injury; and those needing neurosurgery. The full version of GIFTAHo gives a comprehensive overview of the clinical and economic evidence base, and in most instances draws reasonable conclusions from them. However, I argue that some of the recommendations do not logically flow from the evidence. A controversial theme that runs through GIFTAHo is the ‘Hartmann’s versus saline’ division and its slogans: ‘normal’ saline is abnormal, or a problem not a solution, while Hartmann’s solution is ‘balanced’ and physiological [5]. It is important not to be consumed by irrational prejudice in either direction; the rational prescriber needs both solutions to be available in the fluid cupboard, and to be able to use them according to the patient’s individual requirement. Below, I precis and comment on selected questions, the relevant evidence, and the consequent recommendations (numbers refer to the full guidance reference/short guidance reference).

What is the incidence and clinical significance of hyperchloraemia and hypochloraemia?

Recommendation 13/1.2.5: Measure serum chloride if at any time the patient is given a solution containing chloride more than 120 mmol.l⁻¹ Comment: GIFTAHo raises concerns that isotonic sodium chloride causes significant reductions in renal blood flow and glomerular filtration, hyperchloraemic acidosis, gastrointestinal mucosal acidosis and ileus. Based on very low-quality evidence, the GDG suggests that revision of intravenous fluids containing < 120 mmol.l⁻¹ chloride is associated with lower mortality and morbidity than those containing > 120 mmol.l⁻¹. On the other hand, the evidence could not demonstrate whether hyperchloraemia was worse than hypochloraemia and it was not possible to determine whether abnormal serum chloride in either direction was a complication of fluid therapy rather than a symptom of the underlying disease.

There could, therefore, be no direct recommendation to prefer a balanced solution, but instead this curious one is invented, likely to frighten inexperienced prescribers away from isotonic saline even though it was the standard resuscitation fluid in the world’s largest randomised controlled trials [6, 7] and is really very safe in the volumes we are considering in this guideline for non-experts [8, 9]. A more logical recommendation, if chloraemia was a serious concern for the GDG, would be to monitor both sodium and chloride daily and consider the strong ion difference in all patients receiving fluid therapy. A rational approach would then be to use sodium chloride 0.9% whenever an isotonic solution is indicated, with isotonic sodium bicarbonate 1.26% occasionally substituted if it is considered necessary to widen the strong ion difference. Such a recommendation would also make redundant the proposed research question: “Are balanced solutions superior to sodium chloride 0.9% for the resuscitation of patients with acute hypovolaemic shock?” (section 7.5.2 [2]). Sodium bicarbonate solutions are not mentioned in GIFTAHo; also notably absent is critical discussion of the clinical effects of pathophysiological substitute anions such as lactate, and unmeasured substitute anions including acetate and alate. A selection of bicarbonate-balanced polyionic isotonic solutions are available in hospitals; designed to be used as filtrate replacement solutions in continuous renal replacement therapy, they could nonetheless be rescribed when higher volume resuscitation or replacement therapy is needed.

What is the most clinically and cost effective intravenous fluid for fluid resuscitation. . .? [and]. . . timing and rate of administration?

Recommendation 16/1.3.1: Give sodium-based crystalloids (Na 130– 154 mmol.l⁻¹) in 500-ml boluses delivered over less than 15 minutes Comment: GIFTASuP’s first recommendation back in 2009 dismissed isotonic saline from routine use and advocated ‘balanced’ polyionic solutions, claiming a high evidence level of 1b. The GIFTAHo GDG of 2013, however, found no controlled trials comparing isotonic saline with a balanced solution.



Good luck to all those that are writing the college exams

NEW PUBLICATIONS

Torborg A, Ryan L, Kantor G, Biccard B. The pharmacoecconomics of routine postoperative troponin surveillance to prevent and treat myocardial infarction after non-cardiac surgery. *South Afr Med J* 2014; 104(9):619-623.

Haffejee F, **Sommerville T.** Fairness in using negative marking for assessing true/false questions. *The Independent Journal of Teaching and Learning* 2014; (9):75-82

ADMIN STAFF

Please note that all admin staff are back in the department and all office lines are now working.
Nelly – ext (4328)
Natashia- ext (4472)
Camy - ext (4329)

BAXTER SUPRANE DAY

Date: Sat 11 Oct
Time: 10am to 2pm
Venue: SMART Centre, IALCH
RSVP: Naren by 3pm today. Sms or WhatsApp 0824632636.
There are a few seats available on this course. Come and dope STAN, lunch and tea provided.

2015 FRIDAY MORNING MEETING REQUESTS

All registrars and consultants requests for allocation of Friday Morning Talks for 2015 will be taken from 01 - 14 October 2014. Thereafter, no further requests will be accepted. Allocations will be made in the order in which they are received. Please email requests to Nelly: Musirinofa@ukzn.ac.za
S Naidu: sailujan@yahoo.co.uk

MENTOR TRAINING COURSE

Date: 29th to 31st Oct
Time: 09h00 -16h00
Venue: KZN training academy
Enquiries: Dr Christella Alphonsus - csalphonsus@gmail.com

COME WRITE WITH ME

Date: 7 Feb, 7 Mar and 2 May 2015
Venue: Howard College Campus (UNITE Building)

The module, *Come Write With Me*, is an innovative way of mentoring and co-writing over a six month period that takes you from conceptualization to communication with a journal.

If you wish to participate in this module, you need to fill out the registration form which is available on our department website and email as follows:

To: Victor Nnadozie
Email: utlo@ukzn.ac.za
Subject: Come Write With Me - Expression of Interest
Due By: 21 November 2014

ONLY 24 SEATS ARE AVAILABLE ON A FIRST COME FIRST SERVED BASIS.

INTERACTIVE BIOSTATISTICS COURSE

Date: 3 -7 November 2014
Venue: K-RITH
Enquiries: victoria.kasprowicz@k-rith.org
To apply please visit www.K-RITH.ORG
Deadline for applications: Tuesday 30 September 2014.

ADDRESS UPDATING AND NOMINATION OF BENEFICIARIES

Please note: This applies to all Registrars.
An internal HRM Circular regarding address updating and nomination of beneficiary refers has been uploaded on the department website. All the completed forms for Registrars must be submitted to room 31st HR Office, King Edward viii Hospital by **no later than 16:00 30 September 2014.**

JAYPEEDIGITAL

Jaypeedigital is offering you trial access to their online resources from 1st September till 31st December 2014. This collection of databases provides access to textbooks, videos and journals in the health sciences. You will be able to access this database from the Library homepage and the “off campus” access.

Enquiries: Praba Naidoo
Tel: 031-260 3962/4788
Email: naidoop11@ukzn.ac.za
Website: www.jaypeedigital.com



COLLEGE EXAM DATES

FCA (SA) Part II) (oral) 06 – 09 Oct (Bloem)

UPCOMING EVENTS

SMART CENTRE MEETING

Date: 04 November 2014
Time: 15h00
Venue: IALCH (Seminar room)

CONSULTANT MEETING

Date: 04 November 2014
Time: 16h30
Venue: IALCH (Seminar room)

COMBINED ACADEMIC

Date: 24 October 2014
Time: 07h30
Venue: L5 Lecture Theatre, MS

● RESEARCH MEETING

Registrar: H Buley
Registrar: S Zungu

● CLINICAL FORUM

Topic: Cranio Facial
Consultant: A Torborg
Topic: Obstetrics IALCH
Consultant: C Evans

● REGISTRAR MEETING

PMB - DEPARTMENT OF ANAESTHETICS, CRITICAL CARE AND PAIN MANAGEMENT

The new website for the Pietermaritzburg Department of Anaesthetics, Critical Care and Pain Management is <http://PMBAnO2.wix.com/PMBAnO2>
Feedback or suggestions would be greatly appreciated, and can be emailed to robert.wise@kznhealth.gov.za

UKZN - 2013 RESEARCH PRODUCTIVITY SUPPORT GRANT (RPSG) PAY-OUT

Doctors who had publications in 2013 should be receiving productivity letters from the research office. Please sign the letter, fill in your cost centre and return the letter, by email to Productivity@ukzn.ac.za and singhc@ukzn.ac.za by 30 September 2014. Please note that payment will not be made to letters received beyond this date. Please check your pay-out because in the event of an overpayment, adjustments will be made at a later date to recover the overpayment. Please address any queries with regard to the data in the table with Ms Buyisile Ntaka Ntaka@ukzn.ac.za ext. 2031 or Mr Wilondja Muzumbukilwa Muzumbukilwaw@ukzn.ac.za ext. 7224. **The closing date for queries is 25 September 2014.**

Across

1. Maintains grips on a higher plane? (7)
8. The United Nations are still rough(6)
9. No amateur temple, but unconsecrated (7)
10. Permit Prince Henry to be deadlly (6)
11. Not a return for the unmarried (6)
12. Top marine performer? (8)
18. Nude is upset at telephone call lasting (8)
20. Where the screen is for showing, not hiding (6)
21. Maintain it stares around (6)
22. No Wonder it's cheap – there can be no profit in it (7)
23. Bath, or a place in Tasmania (6)
24. Hide in part of Mediterranean island (7)

Down

1. Injured girl with sword (7)
2. Lent car for the middle (7)
3. Instruct to live as one of a pair to advantage? (6)
5. Hut on wrecked pier was destroyed (8)
6. Send over the edge to displease? (6)
7. Hang loose dunderhead on corner (6)
13. The Utopain has his own catalogue of notions (8)
14. Inspire the fellow to be a burning opponent (7)
15. Disturb it going in an entrance (7)
16. He was pious but unpunctual, and he washed his hands (6)
17. What the hen in the pub gave the mendicant? (6)
19. Firing into the air as a result (6)

Entertainment

Reviews:

Album Review:



**Tony Bennett, Lady Gaga
“Cheek to Cheek”**

Lady Gaga's classical training has always been key to her origin story, so this album with 88-year-old crooner Tony Bennett is no big surprise. Gaga has real chemistry with Bennett (whom she befriended after they performed together at a benefit in 2011) on breezily swinging tunes like Cole Porter's

"Anything Goes." Befitting a singer who harnessed vocal firepower on huge club tracks, she sometimes blasts away at these songs rather than relaxing into them. But on challenges like the subtle Billy Strayhorn ballad "Lush Life," the queen of the little monsters more than proves she can be a sophisticated lady too.

Biography: **Tony Bennett**The epitome of cool, Tony Bennett is second only to Frank Sinatra as an interpreter of classic jazz-inflected American song. Careful articulation, a sure sense

of swing, and an air of restrained bemusement characterize his style. Originally popular in the late '50s, Tony Bennett enjoyed a remarkable resurgence in the early '90s. His mother American, his father an Italian grocer, Benedetto worked as a singing waiter in his teens. After performing with the U.S. Army's entertainment corps in World War II and then appearing on Arthur Godfrey's talent show, he was discovered, under the stage name Joe Bari, while performing with Pearl Bailey in 1949. Bob Hope then enlisted him to open shows at New York's Paramount Theater and changed his name to Tony Bennett. In 1950, following an audition with Mitch Miller, he was signed to Columbia Records. His first hit, "Because of You" (#1, 1951) remained on the charts for 32 weeks.

WHAT TO WATCH

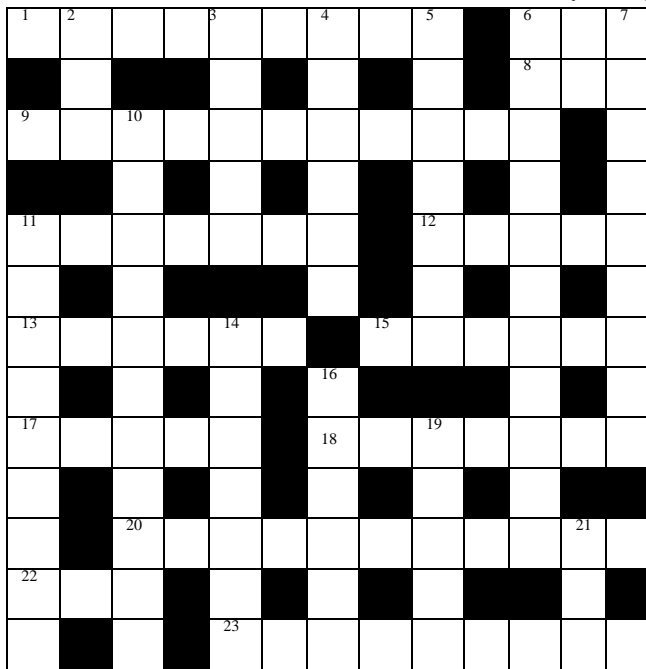


DOLPHIN TALE ET'S BE

Directed by: Charles Martin Smith
Produced by: Andrew A. Kosove, Broderick Johnson, Steven P. Wegner
Running time: 1hr 47min
Genres: Drama, Family
Starring: Ashley Judd, Harry Connick Jr, Morgan Freeman
Synopsis:

It has been several years since young Sawyer Nelson and the dedicated team at the Clearwater Marine Hospital, headed by Dr. Clay Haskett, rescued Winter. With the help of Dr. Cameron McCarthy, who developed a unique prosthetic tail for the injured dolphin, they were able to save her life. Yet their fight is not over. Winter's surrogate mother, the very elderly dolphin Panama, has passed away, leaving Winter without the only poolmate she has ever known. However, the loss of Panama may have even greater repercussions for Winter, who, according to USDA regulations, cannot be housed alone, as dolphins' social behavior requires them to be paired with other dolphins. Time is running out to find a companion for her before the team at Clearwater loses their beloved Winter to another aquarium.

(Answers on next page)



CODEWORD

R	I	C
H	O	T
T	E	E

How many words of four letters or more can you make from the letters shown here? In making a word, each letter may be used once only. Each word must contain the center letter, and there must be at least one nine-letter word in the list. No foreign words; no plurals; no words with initial capital, no hyphenated words.

Target:
 Good 32; Very Good 39; Excellent 49.
 Solutions on next page.

**CRITICAL CARE
CONGRESS – INSPIRING
ICU 2014**

Date: 27-30 November 2014
Venue: Baxter Theatre Centre, Cape Town, For more information: Critical Care 2014 Congress Office
Tel: +27 (0)21 712 0571
Email: critcare2014@eventsmanagementsolutions.co.za

CROSSWORD

Across: 4 Upholds; Uneven; 9 Profane; 10 Lethal; 11 Single; 12 Starfish; 18 Enduring; 20 Cinema; 21 Assert; 22 Bargain; 23 Hobart; 24 Secrete.

Down: 1 Cutlass; 2 Central; 3 Behalf; 5 Perished; 6 Offend; 7 Dangle; 13 idealist; 14 Fireman; 15 Agitate; 16 Pilate; 17 Beggar; 19 Upshot.

CODEWORD

Cheerio choir chore cohere coir core cote coterie cotter cottier echo echoer erotic hector hereto heriot hero herotic hotter ichor ochre octet other otic otter recto reecho riot rochet rote THEORETIC theoretic thereto throe tiro tocher torc torch tore tort torte tote tother trio trochee trochee troth

RESEARCH METHODOLOGY MODULE

The Research Methodology module is available for students registered in the second semester. The site address is <http://learning.ukzn.ac.za>

Access to this site requires a UKZN login and password. The module code is 2014 PMED801M2 Medicine Research Methodology.

Enquiries: Dr Serela Ramklass

Coordinator: ramklass@ukzn.ac.za

IRMA –2014 PUBLICATION

All publication authors are requested to upload their publications on the IRMA website. The link for IRMA is: <https://irmanet.ukzn.ac.za/content/ASP/ANUlogin.asp>

NEXT SUPER DAMN Fri, 03 OCTOBER 2014

Contributions to:

Natashia: Nzamah@ukzn.ac.za

Nelly: Musirinofa@ukzn.ac.za



7:15 FRIDAY MORNING MEETINGS – L5 LECTURE THEATRE, MEDICAL SCHOOL

DATE	TOPIC	SPEAKER	MODERATOR
03 Oct	Special lecture: Anaesthetic Risk: What do I tell the patient?	S Kransingh	
10 Oct	Radiation Safety for the Anaesthetist	V Naidoo	T Sommerville
17 Oct	Tetanus and Anaesthesia	O Nqala	S Gama
24 Oct	Combined Academic Meeting		

MON		FCA PART II TUTORIALS	
06 Oct		Oral Exam	
TUE 07 Oct	11h00	PMMH INTENSIVIST TEACHING WARD ROUNDS	PMMH
	07h15	OBSTETRIC ANAESTHESIA Molar Pregnancy	KEH
WED 08 Oct	07h00	M & M MEETING: KEH	KEH
	07h00	M & M MEETING: IALCH	IALCH
	07h00	M & M MEETING: PMMH	PMMH
	14h30	FCA PART I TUTORIALS Immunity, Anaphylaxis, Inflammation, Immunosuppressive <i>S Naidu</i>	IALCH
THUR 09 Oct	08h00	KEH ICU M & M MEETING	K-Rith
FRI 10 Oct	07h15	FRIDAY MORNING MEETING: Radiation Safety for the Anaesthetist	L5, MS

2014 & 2015 DIARY

CLINICAL COURSE, DBN:
IALCH 14 – 18 September 2015

**CRITICAL CARE
CONFERENCE:**
Cape Town : 26 - 30 Nov 2014

DEPT WEBSITE

<http://anaesthetics.ukzn.ac.za/Homepage.aspx>

BIRTHDAYS

Friday 3rd October 2014
Sabelo Zwane

Saturday 4th October 2014
Annette Theron

Wednesday 8th October 2014
Thavendree Naidoo
Asanda Mphofu
Nicola Kalafatis

Thursday 9th October 2014
Haroon Asmal

Thought for the Day!

“ Sometimes the hardest part isn't letting go but rather learning to start over”

Albert Einstein