

Erratum

Issued August 2016

Publication and Algorithm Poster: The management of children and young people with an acute decrease in conscious level, April 2015.

Items: Error in measurement units for ammonia levels (micromol/l instead of mmol/l).
An insufficient explanation on how to take an ammonia sample.

Actions:

To address the error in measurement units for ammonia levels, the following text has been revised in the full guideline and amended (bold):

Page 38, 3.13.3. Hyperammonaemia - recommendations:

- Consider using a plasma ammonia threshold of **>100 micromol/l** to define abnormal levels. If a plasma level of **>100 micromol/l** or higher is found discuss immediately with a metabolic expert.

Page 39, 3.13.3. Hyperammonaemia - delphi statement - round 1:

- A plasma ammonia level of **>100 micromol/l** is significantly raised and needs actively treating. (22%).

Page 39, 3.13.3. Hyperammonaemia - delphi statement - round 1:

- Only a plasma ammonia level of **>200 micromol/l** is significantly raised and needs actively treating. (46%).

Page 39, 3.13.3. Hyperammonaemia - delphi statement - round 2:

- A plasma ammonia level of **>100 micromol/l** is significantly raised and needs urgent discussion and treatment.(32%).
- A plasma ammonia level of **>200 micromol/l** is significantly raised and needs actively treating. (64%)

Page 39, 3.13.3. Hyperammonaemia - Evidence interpretation:

- The British Inherited Metabolic Diseases Group (BIMDG) guidance^{75, 76} states plasma ammonia concentrations are usually above **>100 micromol/l** during an episode of decompensation and any patient with values above **>200 micromol/l** requires urgent treatment.
- They also advise that immediate treatment in the emergency setting is an intravenous infusion of glucose 200 mg/kg (**2ml/kg of 10% glucose or 1ml/kg of 20% glucose**) over a few minutes. The GDG decided that in an acute setting in a child with decreased conscious level a threshold for treatment of **>100 micromol/l** was appropriate and tested this threshold with the Delphi panel. However, neither this threshold, nor that of

>200 micromol/l recommended in the 2005 Guideline had the agreement of the Delphi panel.

- On reviewing the Delphi findings the GDG decided to reword the recommendation with the **>100 micromol/l** threshold and with early involvement of a metabolic expert to ensure appropriate specialist advice is obtained prior to treatment being initiated and to guide further investigations.

The following text has been revised for in the algorithm poster:

Algorithm Poster DIFFERENTIAL DIAGNOSIS > Metabolic > Hyperammonaemia:

- If plasma level **>100 micromol/l**.

To address the insufficient explanation on how to take an ammonia sample, a revised sentence has been included in the algorithm.

The following text has been revised in the algorithm and amended (bold):

Algorithm Poster DIFFERENTIAL DIAGNOSIS > Metabolic > Hyperammonaemia:

- ~~Analyse free flowing sample within 10 min or on ice~~ **Send a free flowing venous (or arterial) sample of ammonia to the laboratory, which should be informed it is coming. Samples should be transported on ice in case of a delay before analysis which might affect the interpretation**