

Intravenous Fluid Shortage

National Response Group

Meeting Communique 14 October 2024

Latest update

The National Response Group has continued to review the results from data modelling.

As a result of damage to a production facility in the United States, it is likely that imported stock of sodium chloride 0.9% 1000mL bags will not arrive in Australia as previously planned. Data modelling for this product has been amended and the results shared with the group.

Sodium chloride 0.9% 10mL ampoules are experiencing increased demand due to efforts to conserve the sodium chloride 0.9% 50mL and 100mL bags. Data modelling has also been undertaken for this product.

Some imported sodium chloride 0.9% 1000mL bags have arrived in Australia. There are potential differences in the volume of air in these bags compared to the locally manufactured products which may require changes to practice to minimise risk of air embolism.

Agreed Outcomes

1. The delay in arrival of imported products will reduce the ability to rebuild local stock. Additional local production has commenced and should be able to meet demand. Supply will likely remain constrained until the end of 2024.
2. **Supply of sodium chloride 0.9% 1000mL and Hartmann's solution 1000mL** is expected to continue to be constrained until local stock can be rebuilt. Continue to aim for a reduction in usage of these product lines through conservation strategies and by using a smaller volume (500mL) where clinically appropriate.
3. **Supply of sodium chloride 0.9% 50mL and 100mL bags** is expected to be constrained for the remainder of 2024. Encourage a reduction in usage of these products by using conservation strategies for vascular access devices and administration of medicines outlined in the Australian Commission on Safety and Quality in Health Care [Fact sheet - Conservation strategies and safety considerations during intravenous \(IV\) fluids supply disruption](#).
4. **Supply of sodium chloride 0.9% 10mL ampoules** has been assessed using data modelling. It is expected that supply should be able to meet the increased demand that has arisen from implementation conservation strategies.
5. Community practice and day procedure centres are continuing to report intermittent short supply which may impact how some of their services are delivered. This will continue to be monitored and reported back to the National Response Group.
6. Guidance should reflect the supply information and continue to advise judicious conservation pending further information.
7. Risk assessment and risk mitigation strategies for using imported products will be shared and aligned where possible.
8. Future planning for longer term management continues.

Background

The National Response Group for the management of the Intravenous Fluid shortage was formed at the request of the Victorian Department of Health Secretary, Professor Euan Wallace and chaired by Professor Andrew Wilson, the Chief Medical Officer in the Victorian Department of Health.

This group includes representatives with executive oversight and procurement leaders from all Australian jurisdictions, clinicians in both the public and private hospital sectors, alongside representatives from community health care and day procedure centre providers, ambulance providers, veterinary practice representatives from the Australian Veterinary Association, the Therapeutic Goods Administration, Australian Medical Association, the Australian and New Zealand College of Anaesthetists, Advanced Pharmacy Australia and the Commonwealth with engagement and updates from industry representatives.

The National Response Group will continue to monitor the situation, provide responsive information to the health sector and will continue to work alongside key stakeholders to ensure supply and demand are adequately and appropriately managed.