

Appendix A: Stakeholder consultation comments table

2023 surveillance of NG148 Acute kidney injury: Prevention, detection and management (2019)

Consultation dates: 5th to 16th June 2023

1. Do you agree with temporarily suspending recommendation 1.1.5 in the NICE guideline on acute kidney injury (NG148) while the update of the guideline is in progress?

Stakeholder	Overall response	Comments	NICE response
Royal College of Paediatrics and Child Health (RCPCH)	Yes	Yes, we can shift to other non invasive measures during that as: The change of blood oxygen in renal cortex and medulla could be detected with BOLD-MRI, so as to evaluate the renal function and anoxic injury of CKD	Thank you for your response.
UK Kidney Association	Yes	Yes	Thank you for your response.
Diabetes UK	No	No - it appears unnecessary as the same guidance is being added to 1.1.6	Thank you for your response. The new wording being added to recommendation 1.1.6 differs from 1.1.5 in that it only requires that investigation for chronic kidney disease by measuring eGFR or checking a recent eGFR result is done in adults at increased risk of kidney injury, rather than in all adults.

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NHS England	Yes	I am very clear that a revision of this guidance is necessary, and although I would not have felt it absolutely necessary to suspend the current guidance whilst this is review is in progress, I can see that this will avoid delay in the prevention of harm that can arise from the current risk averse guidance (through CKD patients not getting the tests they need).	Thank you for your response.
Royal College of Nursing (RCN)	NA	Thank you for the opportunity to take part in this consultation. We have had no member comments this time.	Thank you for your response.

2. Will temporarily suspending recommendation 1.1.5 in the NICE guideline on acute kidney injury (NG148) cause any harm to patients?

Stakeholder	Overall response	Comments	NICE response
Royal College of Paediatrics and Child Health (RCPCH)	No	If the above measures that mentioned in the answer of first question applied we think this safe for the patients without harm	Thank you for your response.
UK Kidney Association	No	No. Whilst it is not possible to rule out "any harm", we think the risks of "significant harm" are minimal, and less (certainly no greater) than risk of harm if 1.1.5 remains in place (due to harm associated with delayed or cancelled scans / interventions).	Thank you for your response.
Diabetes UK	No	If the amended section in 1.1.6 is used which provides the same guidance, then we do not feel that this would cause harm to patients.	Thank you for your response.

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NHS England	No	In the longer term, revised guidance should strike a more clinically appropriate balance between the requirement to do the right investigation to ensure best patient care, and the need to reduce the risk of CIN in patients with CKD. But this is not the same as saying there is no risk of CIN. I am happy that the proposed paragraph 1.1.16 mitigates this risk.	Thank you for your response. It is expected that the update of NG148 will re-evaluate risk versus benefit of contrast media.
Royal College of Nursing (RCN)	NA	Thank you for the opportunity to take part in this consultation. We have had no member comments this time.	Thank you for your response.

3. To mitigate the absence of recommendation 1.1.5, do you agree with the proposed added text to recommendation 1.1.6?

Stakeholder	Overall response	Comments	NICE response
Royal College of Paediatrics and Child Health (RCPCH)	Yes	Agree	Thank you for your response.
UK Kidney Association	Yes	Yes	Thank you for your response.
Diabetes UK	Yes	Yes we agree with this recommendation.	Thank you for your response.
NHS England	Yes	See above	Thank you for your response.
Royal College of Nursing (RCN)	NA	Thank you for the opportunity to take part in this consultation.	Thank you for your response.

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	We have had no member comments this time.	

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