

Appendix A: Stakeholder consultation comments table

2018 surveillance of [Sedation in under 19s: using sedation for diagnostic and therapeutic procedures \(2010\)](#)

Consultation dates: Monday 17 September to Friday 28 September 2018

Do you agree with the proposal to not update the guideline?			
Stakeholder	Overall response	Comments	NICE response
NHS England		There are no comments from NHS England	Thank you.
Department of Health and Social Care		I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you.
Royal College of Surgeons	Yes	It is acknowledged that there is no substantial new evidence, in terms of paediatric sedation pharmacology, to warrant revision to the existing guideline. We are aware of an NIHR-funded randomised controlled trial that is in progress which is comparing the use of Midazolam versus Melatonin for the reduction of anxiety as a pre-medication in children requiring general anaesthesia for a dental or	Thank you for making us aware of NIHR funded research in this area. We have identified the MAGIC trial (Melatonin for Anxiety prior to General anaesthesia In Children) is beyond the scope of the guideline; patients requiring sedation for purposes other than for diagnostic or therapeutic procedures is not covered by the guideline. The trial covers sedation given as premedication for general anaesthesia and is beyond the area of interest.

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		<p>ENT procedure, thus findings from this study may have implications for future revisions to the guideline.</p> <p>It is also suggested that there are some minor points, within the current document that could be re-phrased to add more clarity to users as follows:</p> <ul style="list-style-type: none"> • Pre-sedation assessment (p10) states that weight should be recorded as part of a 'growth assessment'. Weight, in itself, is not informative of the child's overall health status and fitness to undergo sedation or GA. It may be considered better practice to record the patient's BMI centile (weight and height) according to the NHS health weight calculator www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx in order to better inform parents and clinicians of the potential risks of the proposed sedation as well as signposting children above a healthy weight to appropriate services. • Psychological and developmental status (p10): this recommendation is somewhat vague. It would be helpful to know if the authors are suggesting that some form of anxiety measure is completed? • Fasting times for deep sedation (1.2.3 p14, p20): the current pre-op fasting recommendation of 2 hours for clear fluids 4 hours for breast milk and 6 hours for solids has been revised for GA and IV sedation in some specialist centres (e.g. Sheffield Children's Hospital). Children are now being allowed to take sips of water right up until the time of their GA/deep sedation to reduce the morbidity associated with potential dehydration. We would therefore ask that this current recommendation of no fluids for 2-hours pre-op is 	<p>In terms of pre-sedation assessment, the guideline committee noted that measurement of the body weight is a simple method of identifying children who are not following normal growth development (or those who are obese). Additionally, the committee indicated that children and young people who are unable to understand or cooperate with the sedation may be identified by assessment of their psychological and developmental status. These are recommended alongside a number of other factors to guide suitability for sedation including current medical condition and physical status. As no evidence was found to support the use of validated tools in the assessment of children prior to sedation, the recommendations are based on the specialist experience and opinion of the committee. No new evidence was identified through this surveillance review to support a change to the current recommendation.</p> <p>Thank you for highlighting the change in practice relating to fasting. We recognise that a consensus statement on clear fluids fasting for elective pediatric general anesthesia published in 2018 which states that if it is safe and recommended for all children able to take clear fluids, to be allowed and encouraged to have them up to 1 hour before elective general anesthesia. In light of this information, we undertook a second consultation which included a proposal to refresh recommendation 1.2.3. The outcome of this second consultation will be published alongside the current consultation.</p> <p>Thank you for highlighting the Cochrane review on Cognitive behavioural therapy for anxiety disorders in children and adolescents. The evidence in that review is underpinned by interventions which require 9 to 20 cognitive behavioural sessions, which would not be appropriate in the pre-operative clinical setting. These interventions may be applicable to mental health specialists,</p>
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		<ul style="list-style-type: none"> reviewed and revised if appropriate by the developers of the current sedation guideline. Psychological preparation (1.3.4 p15): it is suggested that patients who are severely anxious are referred to a mental health specialist. However, there may be more appropriate low level psychological interventions that can be offered by clinical teams to manage children's anxiety, such as cognitive behavioural therapy, which has a strong evidence-base. It may therefore be helpful to at least make reference to this more cost-effective and accessible approach as supported in a 2015 Cochrane review. https://www.cochrane.org/CD004690/DEPRESSN_cognitive-behavioural-therapy-anxiety-children-and-young-people 	as mentioned in recommendation 1.3.4. The recommendation on psychological preparation relates more to strategies that will help the child cope (through providing information or distraction techniques) and incorporated into the sedation administration; the review was therefore not included in the surveillance report.
Royal College of Paediatrics and Child Health		<p>Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the surveillance review proposal for the clinical guideline on sedation in under 19's. We have not received any responses for this consultation.</p>	Thank you.
Royal College of Anaesthetists (in collaboration with the APA)	No	<p>The RCoA agrees that this guideline certainly does need to be updated.</p> <p>GENERAL</p> <p>Paediatric sedation needs updating as there are new agents, and starvation guidelines have changed significantly since the last iteration.</p>	<p>Thank you for your comment.</p> <p>Through the surveillance review we did not identify any new evidence to indicate that recommendations in CG112 need to be updated.</p> <p>Thank you for highlighting the change in practice relating to fasting. We recognise that a consensus statement on clear fluids fasting for elective pediatric general anesthesia published in 2018 which states that if it is safe and recommended for all children able to take clear</p>

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		<p>The decline of the 2-hour clear fasting rule needs to be addressed.</p> <p>The rise of dexmedetomidine needs to be addressed.</p> <p>The first paragraph of the introduction (p6) talks about cost effectiveness rather than best practice. It is suggested for this to be changed.</p> <p>Suggest for it to be titled 'Sedation in under18's' not 'Sedation in under 19's'. Query why under 19's has been specified?</p> <p>The existing guideline has some unused techniques described within it and these should be removed.</p>	<p>fluids, to be allowed and encouraged to have them up to 1 hour before elective general anaesthesia. In light of this information, we undertook a second consultation which included a proposal to refresh recommendation 1.2.3. The outcome of this second consultation will be published alongside the current consultation.</p> <p>We found no evidence relating to dexmedetomidine in this population. We will consider this area at the next surveillance review of the guideline.</p> <p>Unfortunately it is outside of the scope of surveillance to amend the full version of the guideline.</p> <p>Unfortunately it is outside of the scope of surveillance to amend the guideline title. The guideline covers infants, children and young people up to the age of 19 as specified in the remit from the Department of Health.</p> <p>Finally, without further detail of which techniques are unused we are unable to comment further.</p>
Royal College of Nursing		<p>Nurses caring for people with Sedation in under 19s: using sedation for diagnostic and therapeutic procedures have reviewed the proposal and have no comments to submit at this stage.</p>	Thank you.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response

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NHS England	Not answered	No comment provided	Thank you.
Department of Health and Social Care	Not answered	No comment provided	Thank you.
Royal College of Surgeons	No	No comment provided	Thank you.
Royal College of Paediatrics and Child Health	Not answered	No comment provided	Thank you.
Royal College of Anaesthetists (in collaboration with the APA)	Yes	Yes, it is concluded there are a number of matters that have not been addressed, please see the general tab.	Thank you, please see our response to the individual comments above.
Royal College of Nursing	Not answered	No comment provided	Thank you.
Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
NHS England	Not answered	No comment provided	Thank you.
Department of Health and Social Care	Not answered	No comment provided	Thank you.

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Royal College of Surgeons	No	No comment provided	Thank you.
Royal College of Paediatrics and Child Health	Not answered	No comment provided	Thank you.
Royal College of Anaesthetists (in collaboration with the APA)	No	No comment provided	Thank you.
Royal College of Nursing	Not answered	No comment provided	Thank you.

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