

National Institute for Health and Clinical Excellence

Peritoneal dialysis
Pre publication check
12 - 26 May 2011

Type	Stakeholder	Order No	Section No	Page No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	Department of Health	4.00	Full	General	<p>There are still problems with this guidance and release should be delayed to allow further consideration and wider consultation with national experts in this complex and specialised field in addition to the experts on the guideline committee.</p> <p>The current guidance could confuse rather than clarify. It lacks sufficient specificity. There is a risk of clinical error.</p> <p>A general point is that all patients with known diabetes and ACS should always be referred to an inpatient specialist diabetes team – yet this is not mentioned. Including such a recommendation would increase the safety of this guideline.</p>	<p>Referral to a specialist team is outside the remit of the scope. The population this guideline covers are those in the acute phase (up to 48hours) of an ACS. However we have included a section in the introduction referring to national guidance on referral of patients with known diabetes and ACS to the inpatient diabetes team.</p>
SH	Department of Health	4.01	Full	General	<p>The guidance fails to distinguish between intensive insulin therapy (IIT) “a dose-adjusted intravenous insulin infusion” and a sliding scale (modern name = variable-rate insulin infusion, VRII) which is a dose-adjusted intravenous insulin infusion! Some sliding scales are subcutaneous but this should be specified.</p> <p>The difference is that IIT is usually taken to mean aiming for lower glucose levels than VRII but this is not always the case.</p>	<p>Thank you for your comment. We have swapped the first two recommendations around to place the emphasis on managing the hyperglycaemia. We have further clarified the definition of IIT and VRII.</p> <p>The costs relating to the different methods of administering IIT (glucose, insulin and potassium) is not relevant because we are recommending not using intensive insulin therapy.</p>

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					<p>Furthermore, the guidance does not distinguish between GKI – (glucose, potassium and insulin in one infusion bag), and continuous intravenous insulin infusion with separate glucose (with or without potassium) infusion. If these have been grouped together the guidance should say so. The costs are different.</p> <p>The guidance will leave clinicians uncertain what to do.</p>	
SH	Department of Health	4.02	1.1.1	6	Clearer definition of intensive insulin therapy is needed.	We have now removed dose adjusted to make this clearer
SH	Department of Health	4.03	1.1.2	6	Define insulin sliding scale	We have now removed sliding scale.and replaced with dose –adjusted.
SH	Department of Health	4.04	2	9	Keep glucose levels below 11 – How?	The recommendation states to keep blood glucose levels below 11.00 clinicians should use a dose-adjusted insulin infusion with regular monitoring of blood glucose.
SH	Department of Health	4.05	3.1.4	18	<p>The guidance fails to distinguish between intensive insulin therapy (IIT) “a dose-adjusted intravenous insulin infusion” and a sliding scale (modern name = variable-rate insulin infusion, VRII) which is a dose-adjusted intravenous insulin infusion! Some sliding scales are subcutaneous but this should be specified.</p> <p>IIT and VRII use the same method to achieve set glucose targets depending on the clinical situation. However, IIT is often interpreted as normalisation of the blood glucose (e.g. in studies of IIT in intensive care unit patients). Interpretation of IIT in the studies reviewed varied.</p>	<p>We have now removed ‘dose adjusted’ from the ‘do not routinely use’ recommendation to make this clearer.</p> <p>We have now removed ‘sliding scale’ from the managing hyperglycaemia recommendation and replaced with ‘dose –adjusted’ and have also included regular monitoring of blood glucose.</p>

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					Both IIT and VRII require hourly or two hourly finger-prick glucose monitoring. Very few clinicians would be happy for patients on VRII to have fewer tests – especially if they have just had a cardiac event. Indeed, failure to monitor patients on intravenous insulin hourly under such circumstances might be viewed as negligent should the patient suffer severe hypoglycaemia with adverse consequences. Thus the cost savings are less than anticipated	
SH	Department of Health	4.06		20	Ketoacidosis and hyperosmolar non-ketotic hyperglycaemic states are major medical emergencies and are particularly difficult to manage in patients who also have acute coronary syndrome with a high mortality risk. Surely the guidance should specify seeking immediate emergency specialist diabetes advice.	The GDG felt that there would still be a group of people who would present with hyperglycaemia with underlying glucometabolic morbidities, such as diabetic ketoacidosis and hyperglycaemic hyperosmolar syndrome. It was felt that in this group of patients hyperglycaemia should be managed aggressively, but the GDG agreed that the evidence for this population had not been reviewed.
SH	Department of Health	4.07	3.1.6		See 1.1.1 and 1.1.2	See comment 4.05
SH	Department of Health	4.08	3.2.6	1.1.1	As above	See comment 4.05
SH	Department of Health	4.09	3.2.6	1.1.2	Some patients with previously undiagnosed diabetes will be diagnosed during the admission for ACS. They should be referred to a specialist diabetes team. Again, how should one reduce the glucose?	Referral to a specialist team is outside the remit of the scope. The population this guideline covers are those in the acute phase (up to 48hours) of an ACS. However we have included a section in the introduction referring to national guidance on referral of patients with known diabetes and ACS to the inpatient diabetes team.
SH	Department of Health	4.10	10.1	57	More clearly define intensive insulin therapy – what you have defined applies equally well to	See comment 4.05

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					the usual meaning of an insulin sliding scale.	
SH	Department of Health	4.11	10.1	57	Glossary – define “sliding scale”	We have removed reference to a ‘sliding scale’
SH	Department of Health	4.12	Full	General	Several consultees reminded the guideline group of national guidance e.g. the use of insulin in hospital (e.g. NPSA, NHS Diabetes). The response was that only NICE or DH guidance could be considered. NPSA and NHS Diabetes are funded by the Department of Health.	NICE does not routinely refer to other none – NICE guidance because the methodological processes may differ to NICE processes however in this guideline we have referred to guidance from the NHS institute for innovation and improvement.
SH	Department of Health	4.13	Full	General	There are still problems with this guidance and release should be delayed to allow further consideration and wider consultation with national experts in this complex and specialised field in addition to the experts on the guideline committee. The current guidance could confuse rather than clarify. It lacks sufficient specificity. There is a risk of clinical error. A general point is that all patients with known diabetes and ACS should always be referred to an inpatient specialist diabetes team – yet this is not mentioned. Including such a recommendation would increase the safety of this guideline.	We have now addressed the issues outlined by the Department of Health including referral of patients to inpatient specialist diabetes team
SH	Royal College of Nursing	3.00			No errors to report	Thank you.
SH	UK Clinical Pharmacy Association (UKCPA)	5.00			<i>We have no errors to report</i>	Thank you.

These stakeholder organisations were approached but did not respond:

Abbott Diabetes Care

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Abertawe Bro Morgannwg (ABM) University NHS Trust
Aintree University Hospitals NHS Foundation Trust
Airedale NHS Foundation Trust
Allergan Pharmaceuticals
AMORE Studies Group
Anglian Community Enterprise
Association for Clinical Biochemistry
Association of British Clinical Diabetologists (ABCD)
Association of British Insurers (ABI)
Association of Clinical Pathologists
AstraZeneca UK Ltd
Barchester Healthcare
BMJ
Bradford District Care Trust
Bristol-Myers Squibb Pharmaceuticals Ltd
British Dietetic Association
British Heart Foundation
British In Vitro Diagnostics Association
British Medical Association (BMA)
British National Formulary (BNF)
British Psychological Society, The
British Society for Paediatric Endocrinology and Diabetes (BSPED)
British Society of Immunology
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
Camden Link
Care Quality Commission (CQC)
Central London Community Healthcare
Connecting for Health
Countess of Chester Hospital NHS Foundation Trust
Department for Communities and Local Government
Department for Education
Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)
Department of Health, Social Services & Public Safety, Northern Ireland (DHSSPSNI)
Dorset PCT
Dudley Group of Hospitals NHS Trust
East and North Herts NHS Trust
Education for Health
Edwards Lifesciences

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Federation of Ophthalmic & Dispensing Opticians (FODO)
George Elliot Hospital Trust
Gloucestershire Hospitals NHS Trust
Gloucestershire LINK
Great Western Hospitals NHS Foundation Trust
Healthcare Improvement Scotland
Healthcare Quality Improvement Partnership
Heart UK
Humber NHS Foundation Trust
Institute of Biomedical Science
Institute Metabolic Science
Interhealth Canada
Johnson & Johnson Medical
Juvenile Diabetes Research Foundation
Kidney Research UK
Lambeth Community Health
Leeds PCT
LifeScan & Animas
Liverpool Community Health
Liverpool PCT
Luton & Dunstable Hospital NHS Foundation Trust
Medicines and Healthcare Products Regulatory Agency (MHRA)
Medtronic Ltd
Merck Sharp & Dohme Ltd
Ministry of Defence (MoD)
Mother and Child Foundation
National Diabetes Inpatient Specialist Nurse (DISN) UK Group
National Patient Safety Agency (NPSA)
National Treatment Agency for Substance Misuse
NDR - UK
Nestor Healthcare Group Ltd
NETSCC, Health Technology Assessment
NHS Clinical Knowledge Summaries Service (SCHIN)
NHS Direct
NHS Pathways
NHS Plus
NHS Sheffield
NHS Western Cheshire

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Northumberland Hills Hospital, Ontario
Nottingham University Hospitals NHS Trust
Novartis Pharmaceuticals UK Ltd
Novo Nordisk Limited
Nutrition and Diet resources UK
Oxford Radcliffe Hospitals NHS Trust
PERIGON Healthcare Ltd
Pfizer Limited
Plymouth Hospitals NHS Trust
Poole and Bournemouth PCT
Primary Care Cardiovascular Society
Public Health Wales
RioMed Ltd.
Roche Diagnostics
Roche Products Limited
Rotherham NHS Foundation Trust
Royal Berkshire NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners Wales
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians London
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of England
Royal Pharmaceutical Society of Great Britain
Royal Society of Medicine
Royal Surrey County Hospital NHS Trust
Royal United Hospital
Sacyl
Sanofi-Aventis
Scottish Clinical Biochemistry Managed Diagnostic Network
Scottish Intercollegiate Guidelines Network (SIGN)
Sheffield Children's NHS Foundation Trust

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Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence (SCIE)
Social Exclusion Task Force
Society for Acute Medicine
Society of Chiropodists & Podiatrists
Solent Healthcare
South Asian Health Foundation
South East Coast Ambulance Service
South Staffordshire PCT
South Tees Hospitals NHS Trust
South Western Ambulance Service NHS Foundation Trust
Trafford NHS Provider Services
UCLH NHS Foundation Trust
UK National Screening Committee
UK Ophthalmic Pharmacy Group
Verity - The PCOS Self Help Group
Welsh Endocrinology and Diabetes Society
Welsh Government
Welsh Scientific Advisory Committee (WSAC)
West Midlands Ambulance Service NHS Trust
Western Health and Social Care Trust
Wirral University Teaching Hospital NHS Foundation Trust
Worcestershire Acute Hospitals NHS Trust
Worcestershire PCT
York Teaching Hospital NHS Foundation Trust

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