## National Institute for Health and Clinical Excellence

Organ donation Pre publication check 9 - 23 June 2011

Туре	Stakeholder	Order No	Page No	Line No	<b>Comments</b> Please insert each new comment in a new row.	<b>Developer's Response</b> Please respond to each comment
SH	Coroners Society	2.00	2		Incomplete – makes understanding the document difficult	Thank you. This section is standard text within our guideline, but has been reviewed by the senior medical editor to make sure it is appropriate for this guideline. We have removed 'in consultation with the patient and/or guardian or carer' from the second paragraph.
SH	Department of Health	1.00			The correct number of people on the organ donor register is now "over 18 million". The figure quoted in your document is "nearly 17 million".	Thank you. We have updated this in the guideline and it now reads: Over 18 million people (29% of the population) are already on the NHS organ donor register.
SH	NHSBT	4.00	12		Nearly 17 million people (28% of the population) are already on the NHS organ donor register. This should read: Over 18 million people (29% of the population) are already on the NHS organ donor register.	Thank you. We have updated this in the guideline and it now reads: Over 18 million people (29% of the population) are already on the NHS organ donor register.
SH	RCPCH	3.00	Gener al		We note you did not respond to part of our consultation comment (listed at 26.02 on the consultation table at <u>http://www.nice.org.uk/guidance/index.jsp?</u>	Thank you. Whilst we appreciate your comments about providing information when deaths are expected such as in palliative care settings, we are unable to

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					action=download&o=54786). You answered our point by saying that deaths outside of hospital are beyond the scope of this document. However, you missed the point that advice for parents is still required for expected deaths of children in hospital where the child is not on life support, e.g. a palliative care situation on the children's ward. While we acknowledge that there is no	focus on every situation in detail. We have made recommendations that apply to all deaths including the expected deaths of children. Information for parents and caregivers is covered in recommendation 1.1.20. We also recommend that the MDT have the knowledge and skills to provide accurate information and support as in recommendation 1.1.12.
					while we acknowledge that there is no opportunity to enter into a new consultation, we would like to ask that NICE incorporate this important area in the final guideline. It is very important for those delivering palliative care to respond correctly to parents' enquiries about this.	
SH	Royal College of Nursing	7.00	3		Line 5. Punctuation after `time of their death`.	Thank you. This has been corrected.
SH	Royal College of Nursing	7.01	4		Link <u>www.publicguardian.gov.uk</u> not live any more	Thank you. We have removed this link from the guideline and replaced it with: <u>www.dh.gov.uk/en/SocialCare/Deliverings</u> <u>ocialcare/MentalCapacity</u>
SH	Royal College of Nursing	7.02	6		Footer – references 5&6 take reader to same link	Thank you. We did want to provide both links, but to make it clearer we have put the links to footnotes 5 and 6 together, so it now reads: <u>www.uktransplant.org.uk</u> or <u>www.organdonation.nhs.uk</u>
SH	Royal College of	7.03	8		Section 1.1.20	Thank you. This has been corrected.

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	Nursing				Suggest 'use' should be 'Use' (capital letter at front of use)	
SH	Royal College of Nursing	7.04	65		Table: 'Other considerations'Paragraph 1. www.nhsbt.nhs.ukwithin document	Thank you. This has been corrected.
SH	Royal College of Nursing	7.05	Gener al		Suggest smaller font for the footer on all pages	The font for the footer is 10, which is NICE style.
SH	United Kingdom Clinical Pharmacy Association (UKCPA)	5.00			We have no comments to make on this document.	Thank you.
SH	United Kingdom Clinical Pharmacy Association (UKCPA)	6.00		Point 2.1.6	Consideration should be given to seeking the advice of a pharmacist on assessing the impact of sedative drugs on assessing brain stem death where required.	This would be part of the management of the patient, which is outside the scope of this guideline. The ITU physicians are able to address the impact of sedative drugs when assessing brain stem death.
				Point 2.1.8	Pharmacists should be aware of the organ donation process and of the impact of drug therapies on the both the donor and the organs for potential donation.	We would consider pharmacists to be part of the healthcare team and therefore be aware of the organ donation process.

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