

## Appendix A: Stakeholder consultation comments table

2019 surveillance of [Neutropenic sepsis: prevention and management in people with cancer \(2012\)](#)

Consultation dates: 21 November to 4 December 2018

Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
Aintree University Hospital NHS Foundation Trust	Yes	No new evidence to update guidance	Thank you for your response.
Royal College of Nursing		Nurses caring for people with Neutropenic sepsis have reviewed the proposal and have no comments to submit at this stage.	Thank you for your response.
NHS E Chemotherapy Clinical Reference Group	Yes	No comments provided	Thank you for your response.

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Royal College of Paediatrics and Child Health	Yes	In agreement that there is no further new evidence available	Thank you for your response.
<b>Do you have any comments on areas excluded from the scope of the guideline?</b>			
<b>Stakeholder</b>	<b>Overall response</b>	<b>Comments</b>	<b>NICE response</b>
Aintree University Hospital NHS Foundation Trust	Yes	<p>Consideration of audit/service standards for neutropenic sepsis cohort</p> <ol style="list-style-type: none"> <li>1. Patients with Neutropenic sepsis, receiving antibiotics within 1 hour of hospital presentation</li> <li>2. Appropriate clinical samples /septic screen taken at presentation</li> <li>3. Consideration of newer rapid diagnostic techniques for Microbiology cultures for these cohort of patients – i.e Abottt Iridica – Blood culture identification system for positive blood cultures /Sepsityper – spectrometric system for blood culture isolate identification and rapid susceptibility systems</li> <li>4. Review of antibiotic appropriateness at 48 hrs – Prudent antibiotic stewardship</li> <li>5. Review of susceptibility patterns of isolates form this cohort of patients to inform the appropriate empirical choice of antibiotics.</li> </ol>	Thank you for these suggestions. NICE guidelines don't specifically propose audit/service standards and it is expected that these would be for local consideration and implementation. In addition, the 2018 surveillance review did not find any relevant evidence and no changes to recommendations are proposed at this time.
Royal College of Nursing	Not Answered	No comments provided	Thank you for your response.

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NHS E Chemotherapy Clinical Reference Group	Yes	<p>The role out of sepsis 6 and the low uptake of risk stratification in suspected NS is potentially leading to over treatment (intravenous antibiotics) and longer periods of hospitalisation in this population. More joined up work is required to align CG151 with the Sepsis Trust to emphasise the importance of risk scoring in suspected NS.</p> <p>There is a lack of guidance on the need for patient isolation and appropriate treating environment. This has a significant impact on service delivery models and patient experience.</p>	<p>Thank you for your response and the suggestion to align with the Sepsis Trust.</p> <p>Section 1.5 provide guidance on assessing patients including the use of validated risk scoring systems. The surveillance review did not find any further evidence on risks of over treatment.</p> <p>Detailed consideration of the environment fall outside the scope of the guideline and the surveillance review did not find any evidence to suggest that detailed guidance needs to be included. However, the surveillance team have noted this issue and will examine it further at the next surveillance point.</p>
Royal College of Paediatrics and Child Health	Yes	<p>Management of children with neutropaenia in the process of diagnostic work up but without absolute diagnosis. Diagnoses in question include aplastic anaemia or HLH. Child has spiked fevers throughout process with elevated inflammatory markers. Fever felt to be related to underlying disease but child is neutropaenic. Diagnostic work up/time to definitive treatment likely to be months due to uncertainty from BMA &amp; trephine. Recommendations for managing this situation would be helpful.</p> <p>In section 1.5.2 Patients at low risk of septic complications does not mention age range since this is not used in paediatrics.</p>	<p>Thank you for your response.</p> <p>Section 1.4 of the guideline currently include recommendations on managing suspected neutropenic sepsis before diagnosis is confirmed. These recommendations cover all populations including children. The 2018 surveillance review did not find any new evidence that might require specific recommendations for children.</p> <p>In section 1.5.2, it is expected that health care professionals would consider the risks for each individual patient and this would include age as well as many other factors.</p>

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Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
Aintree University Hospital NHS Foundation Trust	No	None	Thank you for your response.
Royal College of Nursing	Not Answered	No comments provided	Thank you for your response.
NHS E Chemotherapy Clinical Reference Group	No	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health	No	No comments provided	Thank you for your response.

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