

Acute Kidney Injury**National Clinical Guideline Centre****Minutes****8th Guideline Development Group Meeting****Date and Time:** 19th July 2012, 10:00 – 16:00**Place:** NCGC Boardroom, 180 Great Portland Street, London

GDG Present: Mark Thomas (Chair) (MT)- via videoconference
 Annette Davies (AD)
 Mark Devonald (MD)
 Fiona Loud (FL)
 Coral Hulse (CH)

Andrew Lewington (AL)
 David Milford (DM)
 Marlies Ostermann (MO)
 Nicholas Palmer (NP)
 Sue Shaw (SS)

Apologies: Anne Dawnay (ADw)
 Chris Laing (CL)

NCGC Present: Joanna Ashe (JA) (present for items 5 and 6 only)
 Caroline Blaine (CB)
 Saoussen Ftouh (SF)
 Ralph Hughes (RH)
 Sue Latchem (SL)
 Izaba Younis (IY)

In attendance:

NICE Staff: Sarah Dunsdon (SD) (present for items 1-4 only)
 Anne-Louise Clayton (ALC) (present for items 1-4 only)

Minutes

- 1. Introductions and apologies.** AL chaired the meeting on behalf of MT who was unable to attend in person. AL welcomed everyone to the meeting. Apologies were received from ADw and CL.

AL declared a personal pecuniary interest: he received a £1000 honorarium from Baxter for lectures on IV Fluids at the Royal College of Surgeons. He will be putting the money towards attending conferences. MO declared a non- personal pecuniary interest: she contributed to the development of educational material for Fresenius and received £400 which was donated to the Critical Care research fund. DM declared a personal pecuniary interest; he received a fee of £125 for a survey on atypical haemolytic uraemic syndrome.

There were no changes to any of the other GDG members' and NCGC staff's DOIs since the last meeting. No actions were taken following these declarations and none of the GDG members withdrew during discussion.

The minutes of GDG 7 were agreed as an accurate summary of the meeting.

SL highlighted how important it is for the GDG members to contribute to the write up of the guideline. Some GDG members said that they were having difficulties with Claromentis and it was suggested that a brief demonstration be given at lunchtime.

2. **Results of the CI-AKI health economics model and review of the recommendations:** RH presented the final results of the CI-AKI model which had been updated further to feedback from the GDG at the previous meeting. The GDG discussed the results and updated the draft recommendations.
3. **Update on HE model on ultrasound:** CB presented the proposed protocol for the clinical question on the use of ultrasound to determine the cause of AKI. The GDG agreed the protocol. RH outlined the difficulties of constructing a health economics model for this question due to the lack of strong evidence. The GDG agreed that it would be best not to construct a model for this clinical question.
4. **Review of the AKI guideline recommendations:** ALC (Senior Editor) presented her suggestions for rewording the recommendations. The GDG reviewed all the recommendations drafted so far.
5. **Update on AKIN/RIFLE question:** CB presented the proposed protocol for the question on the effectiveness of AKIN/RIFLE/pRIFLE in staging of AKI and the initial findings from the searches. The GDG agreed the protocol.
6. **Patient information questions and protocol:** IY presented a suggested protocol for the question on patient information which was developed based on discussions with NP and FL the patient and carer representative members on the GDG. The GDG agreed the protocol.
7. **Clinical evidence on stopping versus continuing chronic ACEI and/or ARB therapy:** CB presented the clinical evidence on stopping versus continuing chronic ACEI and/or ARB therapy in patients with CKD to prevent AKI. This was looked at in 4 different clinical situations as pre-specified by the GDG. These were surgery, iodinated contrast, diarrhoea and vomiting, and sepsis. There was no health economics evidence to present. The GDG discussed the clinical evidence and cost considerations then drafted recommendations.
8. **Clinical evidence on referral to nephrology:** CB presented the clinical evidence on criteria for referral to nephrology. No health economic papers were retrieved. Therefore, RH presented cost associated with referral to nephrologists. The GDG discussed the evidence and made draft recommendations.
9. **Any other business:** There was no other business to discuss. AL closed the meeting and thanked everyone for attending.

Date, time and venue of the next meeting

Monday 6th of September 2012, NCGC Boardroom, 180 Great Portland Street, London