

Acute Kidney Injury**National Clinical Guideline Centre****Minutes****9th Guideline Development Group Meeting**

Date and Time: *6th September 2012, 10:00 – 16:00*

Place: *NCGC Boardroom, 180 Great Portland Street, London*

GDG Present:

Mark Thomas (Chair) (MT)	Fiona Loud (FL)
Annette Davies (AD)	Andrew Lewington (AL)
Anne Dawnay (ADw)	David Milford (DM)
Mark Devonald (MD)	Marlies Ostermann (MO)
Chris Laing (CL)	Sue Shaw (SS)

Apologies:

- Sarah Dunsdon (SD)
- Saoussen Ftouh (SF)
- Coral Hulse (CH)
- Nicholas Palmer (NP)

NCGC Present:

- Caroline Blaine (CB)
- Ralph Hughes (RH)
- Sue Latchem (SL)
- Izaba Younis (IY)

In attendance:

NICE Staff:

- Anne-Louise Clayton (ALC) (present for item 5 only)
- Andrew Gyton (AG)

Minutes

- 1. Introductions and apologies.** MT welcomed everyone to the meeting. Apologies were received from CH, NP, SF and SD

FL declared a personal non-pecuniary interest; she attended a meeting in July 2012 “Kidney Health 2032”. The meeting was funded by Abbott (who did not attend). No fees were received or offered. The subject was to discuss creating a road map for kidney care in the next 20 years.

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 8 were agreed as an accurate summary of the meeting.

SL highlighted the importance of contacting the NICE Press Office if anyone received press enquiries and the GDG discussed what could be said about the guideline at different time points in development.

The need to recruit expert advisors was discussed. Since the last GDG, a Consultant Urologist and Dialysis Nurse have been recruited, leaving just the Elderly Care specialist position unfilled.

2. **Evidence review on information and support for patients:** IY presented the clinical evidence on information and support for patients. The GDG discussed the evidence and drafted recommendations. They also discussed that this may be an area in which they wished to make a research recommendation.
3. **Evidence review on AKIN/RIFLE /pRIFLE in diagnosis and staging of AKI:** CB presented the clinical evidence on AKIN/RIFLE/pRIFLE in the diagnosis of AKI. The GDG discussed the recent introduction of KDIGO/KDQI definition. There was no economic evidence to present. The GDG decided to wait until the rest of the review on prognostic outcomes was complete before drafting any recommendations.
4. **Evidence review on which patients need ultrasound for the diagnosis of the cause of AKI:** IY presented the clinical evidence on which patients need ultrasound. The GDG felt that they should emphasise that they are looking at risk factors for the need for urgent ultrasound and that other patients with AKI may need non-urgent ultrasound for other reasons. The GDG discussed the evidence and drafted recommendations.
5. **NICE pathways and review of the AKI guideline recommendations:** ALC presented the NICE pathway for Urinary incontinence guideline (CG148) as an example of the NICE pathways. She then presented part of the AKI pathway that she had drafted so far.
6. **Research recommendations:** CB presented the current research recommendations and asked for volunteers to draft them and bring them to the next meeting for wider discussion with the GDG. AL, DM, MO and CL volunteered.
7. **Subgroup work on linking evidence to recommendations (LETR):** The GDG split into three subgroups facilitated by SL/IY, CB and RH to work on LETRs for RRT, referral to nephrology and prevention of deterioration. Each subgroup fed back their work on the day to the rest of the GDG.
8. **Any other business:** There was no other business to discuss. MT closed the meeting and thanked everyone for attending.

Date, time and venue of the next meeting

Wednesday 17th of October 2012, NCGC Boardroom, 180 Great Portland Street, London