



Surveillance report 2017 – Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006) NICE guideline CG32

Surveillance report

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Surveillance decision

We will not update the NICE guideline on [nutrition support for adults](#) at this time.

During surveillance editorial or factual corrections were identified. Details are included in [appendix A](#): summary of evidence from surveillance.

Reason for the decision

Assessing the evidence

We found 219 studies through surveillance of this guideline.

This included evidence in the following areas that supports current recommendations:

- organisation of nutrition support in hospital and the community
- screening for malnutrition and the risk of malnutrition in hospital and the community
- indications for nutrition support in hospital and the community
- what to give in hospital and the community
- oral nutrition support in hospital and the community
- enteral tube feeding in hospital and the community
- parenteral nutrition in hospital and the community
- supporting patients in the community.

We found evidence on nutrition support in specific conditions, immunonutrition, and satiety hormone suppression, which was not covered in the guideline. This evidence was considered to be insufficient to add new recommendations in these areas at this time.

We did not find any evidence related to monitoring of nutrition support in hospital and the community.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided that no update is necessary for this guideline.

See [how we made the decision](#) for further information.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 12 years after the publication of NICE's guideline on [nutrition support for adults](#) (NICE guideline CG32) in 2006.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Previous surveillance [update decisions](#) for the guideline are on our website.

Evidence

We found 80 studies in a search for randomised controlled trials and systematic reviews published between 23 September 2013 and 18 October 2016. We also included 7 relevant studies from a total of 44 identified by members of the guideline committee who originally worked on this guideline.

We also considered evidence identified in previous surveillance 2, 5 and 8 years after publication of the guideline. This included 132 studies identified by search.

From all sources, we considered 219 studies to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and other correspondence we have received since the publication of the guideline.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline. Overall, 11 stakeholders commented. See [appendix B](#) for stakeholders' comments and our responses.

Eleven stakeholders commented on the proposal to not update the guideline: 5 agreed with the decision; 5 disagreed with the decision; and 1 provided comments but not an opinion on the proposal. Ten stakeholders commented on the proposal to put the guideline on the static list: 4 agreed with the decision; and 6 disagreed with the decision.

Reasons for disagreements with the decision not to update included requests:

- to update recommendations on refeeding (no evidence was supplied, and 1 issue was considered a matter for local implementation)
- to review appropriate foods for oro-pharyngeal dysphagia (no evidence was supplied)
- to increase the frequency of malnutrition screening in care homes (the guideline already promotes continuous monitoring in care homes)
- to add to and update tools supporting the guideline (surveillance does not examine supporting tools, but information was passed to the relevant NICE team, and the stakeholder was pointed to the NICE endorsement programme)
- to make the guideline mandatory (NICE guidelines are not and cannot be made mandatory)
- to update the area of nutrition support in critically ill patients (current surveillance examined several recent studies and evidence was deemed unlikely to impact the guideline – no further evidence was supplied by the stakeholder)
- to discuss carrying out mental capacity assessments (the guideline currently refers to a 2001 Department of Health guide on consent, which was updated in 2009 and now makes reference to the Mental Capacity Act 2005 including mental capacity assessments – a referral to the new edition will be added to the guideline)
- to update safety information on tube feeding (the guideline will be updated to refer to the latest safety advice)

- to add CORTRAK technology to recommendations on feeding tube placement (NICE has assessed CORTRAK in medtech innovation briefing 48, which is aligned with the recommendations in CG32 on confirmation of tube placement).

Relevant ongoing research was identified to NICE, therefore the guideline will not be placed on the static list.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

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