

National Institute for Health and Care Excellence
Clinical Guideline: Parenteral nutrition in neonates
Stakeholder Scoping Workshop
Thursday 24th March 2017

Presentations
<p>The groups were welcomed to the meeting and informed about the purpose of the day. The Stakeholder Scoping Workshop is an opportunity for stakeholders to review the draft scope and give their input into whether it is clinically appropriate.</p> <p>The group received presentations about NICE's work, the work of the National Guideline Alliance (NGA) and the work of the public involvement programme. The Chair of the Guideline Committee also presented the key elements of the draft scope.</p> <p>Following questions, the stakeholder representatives were then divided into four groups which included a facilitator and a scribe. Each group had a structured discussion around the key issues.</p>
Scope
General comments
<ul style="list-style-type: none">- There was agreement that the scope provided a good overview of the current problems in the area of parenteral nutrition at present.- Stakeholders agreed that safe and effective parenteral nutrition should be a priority and that this was captured by the key areas.- It was noted that commissioning of a further guideline on paediatric parenteral nutrition would be useful to cover any gaps in the coverage of the scope for this guideline.- Stakeholders agreed that enteral feeding is a topic which is too big to be covered within this guideline. However, they raised that it would be difficult to ignore enteral feeding altogether because it relates to when to initiate and when to discontinue parenteral nutrition for neonates.- In the introductory text in the section 'This guideline is for' stakeholders suggested to add 'neonatal dietitian' to the list of included professional groups.
Section 1.1 Population
<ul style="list-style-type: none">- Some stakeholders discussed that extreme preterm infants should be separated from moderate preterm infants- Cardiac patients may be a relevant subgroup- There was a suggestion that critically ill infants should be amended to critically ill term infants

- Preterm infants should be removed from the subgroup population as it is included as one of the main groups that will be covered.
- In the groups that will not be covered the term should be clarified to read 'infants aged 28 days and older *from their due date for delivery*'.

Equalities

The specific equalities issues discussed regarding parenteral nutrition in neonates included:

- Parents and carers of infants and children whose first language is not English
- Parents or carers who have learning difficulties
- Low socioeconomic status
- Young women (age 17 years or under) giving birth

Section 1.2 Setting

There was general agreement with the settings that will be covered by the parenteral nutrition in neonates guideline. However, it was commented that 'neonatal surgical units' were missing from the list.

1.4 Key areas that will be covered

The Stakeholders discussed the proposed key areas in the scope. There was general agreement that the key areas include the important areas in parenteral nutrition. A few additions were suggested, notably:

- When to stop parenteral nutrition (not only when to initiate) should be included.
- Stakeholders in one group commented that the key area 'energy requirements' sounds like it would overlap with 'individual constituents'. The related review question seems to address 'energy expenditure' rather than 'energy requirements' and it would be good to use this wording.
- Most stakeholders raised the issue that vitamins (particularly A and D) and trace elements (particularly iron) were not currently in the scope and that it was important that these should be included.
- Several groups raised that the topic of 'individual constituents' should not only relate to the quantity that is required, but also when and in what way it should be given (e.g. stepping up over time).
- There was a discussion that the type of mix between the different constituents was also important.

1.5 Areas that will not be covered

General comments from the stakeholders included:

- General agreement that enteral feeding is too large a topic to be covered by this guideline, stakeholders felt that it is not possible to separate parenteral nutrition

and enteral feeding completely.

- Some acknowledgement of and reference to enteral feeding is required.
- Some stakeholders commented that enteral feeding could be sufficiently covered by the topics 'when to initiate and when to stop parenteral nutrition'. They discussed that this was not entirely clear from the way this section was written.

Section 1.6 Main outcomes

Overall, the stakeholders were satisfied with the outcomes suggested. Some stakeholders suggested that neurodevelopmental outcomes should be included.

Section 1.7 Key issues and questions

The stakeholders discussed the key questions and general comments included:

- the key area of 'initiation' includes both preterm and term infants, but the draft review questions only relates to preterm infants
- 'average' should be deleted from "what are the average energy requirements for preterm and term infants on parenteral nutrition"
- a question was needed on when to stop delivering parenteral nutrition and moving to enteral feeding
- the inclusion of 'information' in the question 'what *information and* support do parents and carers need?'
- the inclusion not only of the positioning of parenteral nutrition venous lines but also of types of lines
- frequency of monitoring should be added
- there should be a question on vitamins, some of the questions suggested were:
 - o What quantity of Vitamin A is required?
 - o What quantity of Vitamin D is required?
 - o What is the efficacy and safety of standard vitamin preparations including Vitamins A and D?

Section 1.8 Economic aspects

Health economics key issues:

- The issue of standardised parenteral nutrition bags compared to bespoke bags was considered a particularly important health economic topic.

Guideline Committee composition

Stakeholders made the following recommendations for the proposed members of the Guideline Committee:

- neonatal nurse with level 2 experience
- paediatric gastroenterologist should be a full member rather than a co-opted member.

There was some discussion on whether a paediatric surgeon was needed as a co-opted member. They also thought that the clinical biochemist should be a co-opted rather than

a full Committee member. Stakeholders also made the following recommendation for a further co-opted member:

- microbiologist.