

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Review of TA74; Pre-hospital initiation of fluid replacement therapy in trauma

Final recommendation post consultation

Recommendations 1.1, 1.2 and 1.4 in TA74 will be updated and replaced by the forthcoming NICE guideline for 'Major trauma'. The remaining recommendations (1.3, 1.5, 1.6 and 1.7) will remain on the technology appraisal static list.

1. Background

This guidance was issued in January 2004.

At the GE meeting of 4 August 2015 it was agreed that we would consult on the recommendations made in the GE proposal paper. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

2. Proposal put to consultees and commentators

Recommendations 1.1, 1.2 and 1.4 in TA74 should be updated and replaced by the forthcoming NICE guideline for 'Major trauma'.

3. Rationale for selecting this proposal

TA74 was considered for review and moved to the static list in 2007. Since this decision was taken a clinical guideline for 'Major trauma' has been referred onto the NICE work programme and will contain recommendations on the management of haemorrhage in pre-hospital and hospital settings. The draft guideline currently includes recommendations on volume resuscitation and fluid replacement in pre-hospital and hospital settings, which are directly relevant to recommendations 1.1, 1.2 and 1.4 in TA74. Rather than 2 separate pieces of NICE guidance containing similar recommendations in this setting, it would be appropriate to allow the guideline to update and replace recommendations 1.1, 1.2 and 1.4 in TA74. Recommendations 1.3, 1.5, 1.6 and 1.7 will remain as static Technology Appraisal guidance.

The clinical guideline for 'Major Trauma' should consider updating the remaining extant recommendations within TA74 at the next review consideration point following final publication.

4. Summary of consultee and commentator responses

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

<p>Respondent: Fresenius Kabi</p> <p>Response to proposal:</p> <p>Please find below our initial feedback:</p> <ul style="list-style-type: none">• Reference is made to HyperHAES®, however, it should be noted that this product is no longer licensed and available in the UK.• It is considered that many of the referenced articles are not related to trauma, especially several of the meta-analyses.• Articles such as CHEST should not be considered in their entirety, it would be more appropriate to consider the trauma subgroups only.• We are aware of two major articles that are directly related to trauma, but are not referenced in the review. These comprise a study by James M (2011) and a study by Leberle (2014); <i><u>N.B. these studies were included in the consultation response</u></i>• It is considered that any guidance concerning fluid replacement therapy in trauma should also include head trauma since brain trauma is very often associated with trauma per se. In addition, volume replacement therapy guidelines for head trauma may be completely different especially when treating with albumin and/or crystalloids.	<p>Comment from Technology Appraisals</p> <p>Thank you for your comments. The major trauma clinical guideline update will take into account the appropriate evidence when updating the recommendations.</p>
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<p>Respondent: Department of Health Response to proposal: No comment</p>	<p>Comment from Technology Appraisals Thank you for your response.</p>
<p>Respondent: The Intensive Care Society Response to proposal: No comment</p>	<p>Comment from Technology Appraisals Thank you for your response.</p>
<p>Respondent: St John's Ambulance Response to proposal: NICE have omitted the Defence Medical Services from their list of consultees and that they may also wish to show separately is the Defence Research Establishment at Porton Down (which is not part of the Defence Medical Services) which has conducted significant research on pre-hospital fluid resuscitation. [sic]</p>	<p>Comment from Technology Appraisals Thank you for your response. The Defence Medical Service was offered the opportunity to comment on this proposal but did not send any comments in response to the consultation. The major trauma clinical guideline update will take into account the appropriate evidence when updating the recommendations.</p>

Paper signed off by: Jenniffer Prescott, 24 November 2015

Contributors to this paper:

Technical Lead: Carl Prescott

Project Manager: Andrew Kenyon