

National Institute for Health and Clinical Excellence

Clinical guideline: Opioids in Palliative Care

PRE-PUBLICATION CHECK ERROR TABLE

Organisation	Order number	Section number in FULL guideline	Page number	ERROR REPORT	NCC-C RESPONSE
Royal College of Nursing	1	Full	5	<b><i>British National Formulary (initial capitals)</i></b>	This sentence has been removed because stakeholders and the GDG have raised concerns about the accuracy of the BNF advice. NICE is in discussions with the BNF with regards to updating its advice.
Royal College of Nursing	2	1.1.1	8	Missing - “Dependence”	Thank you this comment does not relate to a factual error. The issues specified in 1.1.1 are not intended to be an exclusive list. We would anticipate that healthcare professionals would ask patients about all concerns that they have.
Royal College of Nursing	3	1.1.3	8	Add - “adverse or unwanted” side effects	Thank you this comment does not relate to a factual error. We feel this is explicit in the current wording.
Royal College of Nursing	4	1.1.7	9	Clarify – “Seek specialist advice for patients who have a history of drug dependence or misuse before prescribing strong opioids for patients with moderate...”	The recommendation for renal and hepatic impairment was added after a high volume of stakeholder comments were submitted requesting advice on this issue. No comments were received from stakeholders requesting advice for those patients with a history of drug dependence or misuse. The recommendations do not prevent

					specialist advice being sought if people have concerns about patients who have a history of drug dependence or misuse
Royal College of Nursing	5	1.1.12	10	Could this be checked for accuracy please? The Palliative Care Formulary is vague on this but one conversion rate suggests the range to be 35-46mg oral morphine in 24 hours.	We have added the term 'approximately' to the recommendation.
Royal College of Nursing	6	1.1.18	10	Clarify: St Mark's constipation guidance recommends using natural laxatives such as prunes, figs, molasses liquorice.	Thank you this comment does not relate to a factual error. The GDG felt the issue of patients switching opioid therapy because of side effect issues was a higher priority for investigation.  As stated in section 3.9.5, due to the lack of evidence, the GDG were not able to specify particular laxatives.
Royal College of Nursing	7	3.1.6	19	Add: "Physiological dependence"	Thank you this comment does not relate to a factual error. The issues specified in 1.1.1 are not intended to be an exclusive list. We would anticipate that healthcare professionals would ask patients about all concerns that they have.