

National Institute for Health and Care Excellence

4-year surveillance (2017) – [Intravenous fluid therapy in adults in hospital](#) (2013) NICE guideline CG174

Appendix B: stakeholder consultation comments table

Consultation dates: 7 to 20 February 2017

Do you agree with the proposal not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
Association of Anaesthetists of Great Britain and Ireland (AAGBI)	Yes	No comments	Thank you for your response.
Baxter Healthcare	No	We believe that the current guideline recommending that there is a clinician with responsibility for fluid management in a hospital is not sufficient. Clinicians state that there needs to be a dedicated lead rather than this being additional to a clinician's existing role.	Thank you for your comment. We believe that your concern has been already addressed by the guideline recommending that hospitals should have an intravenous fluids lead, responsible for training, clinical governance, audit and review of intravenous fluid prescribing and patient outcomes (recommendation 1.6.3).
Do you agree with the proposal to remove the research recommendation?			
Are balanced solutions superior to sodium chloride 0.9% for the fluid resuscitation of patients with acute hypovolaemic shock?			
Stakeholder	Overall response	Comments	NICE response
Association of Anaesthetists of Great Britain and Ireland (AAGBI)	Yes	No comments	Thank you for your response.
Baxter Healthcare	No	There is currently research underway in Australia, therefore premature to remove at this stage.	Thank you for your comment.

			Although this research recommendation will be removed from the NICE version of the guideline and the NICE database for research recommendations, the research recommendations will remain in the full version of the guideline.
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Do you agree with the proposal to remove the research recommendation?

Are balanced crystalloids superior to a combination of a balanced crystalloid and a gelatin suspended in a balanced solution for the fluid resuscitation of patients with acute hypovolaemic shock?

Stakeholder	Overall response	Comments	NICE response
Association of Anaesthetists of Great Britain and Ireland (AAGBI)	Yes	No comments	Thank you for your response.
Baxter Healthcare	No response	No response	Thank you.

Do you agree with the proposal to remove the research recommendation?

Does a higher sodium content IV fluid regimen for maintenance reduce the risk of developing hyponatraemia and volume depletion without increasing the risk of volume overload in hospitalised adults?

Stakeholder	Overall response	Comments	NICE response
Association of Anaesthetists of Great Britain and Ireland (AAGBI)	Yes	No comments	Thank you for your response.
Baxter Healthcare	No	Within the UK there is a move towards lower sodium containing IV fluids for maintenance of fluid balance, as recommended by NICE IV Fluid Therapy in Adults in Hospital, 2013. Fluid balance charts are being amended with recommendations of rate/volume/duration in an attempt to mitigate the risk of hyponatraemia. Despite this move the evidence base regarding any increase risk of hyponatraemia is lacking. The removal of	Thank you for your comment. Although this research recommendation will be removed from the NICE version of the guideline and the NICE database for research recommendations, the research recommendations will remain in the full version of the guideline.

		this research recommendation may detract from the identification, reporting and elucidation of the true incidence and risk of mild/severe hyponatremia and the effect the sodium content and infused volumes of IV fluids contributes.	
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Do you agree with the proposal to remove the research recommendation?

Does the introduction of hospital systems that ensure:

- all hospital healthcare professionals involved in prescribing and delivering IV fluid therapy are appropriately trained in the principles of fluid prescribing; and
- all IV fluid therapy-related complications are reported; lead to a reduction in fluid-related complications and associated healthcare costs?

Stakeholder	Overall response	Comments	NICE response
Association of Anaesthetists of Great Britain and Ireland (AAGBI)	Yes	No comments	Thank you for your response.
Baxter Healthcare	No	It would be inappropriate not to research the impact of a recommendation that hospital healthcare professionals are appropriately trained to prescribe and deliver IV fluid therapy, and complications are reported.	Thank you for your comment. Although this research recommendation will be removed from the NICE version of the guideline and the NICE database for research recommendations, the research recommendations will remain in the full version of the guideline.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Association of Anaesthetists of Great Britain and Ireland (AAGBI)	Yes	We have additional questions (that might be for basis for future research): 1. What is the role of 20% albumin during non-acute ITU care when the patient is oedematous but recovering from the acute insult? 2. Do gelatins help, or do they sequester in the tissues? 3. Does albumin 4-5% cross the glycocalyx in shock? 4. Is albumin beneficial in moderate hypovolaemia? 5. Should fluid requirements in obese patients be calculated on the basis on lean body weight?	Thank you for your response. Although we can suggest removing research recommendations, we cannot suggest any new additions. New additions can only be proposed by guideline committees during guideline development, including updates.

Baxter Healthcare	No	No comments	
Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
Association of Anaesthetists of Great Britain and Ireland (AAGBI)	No		Thank you
Baxter Healthcare	No	No comments	Thank you

The Royal College of Nursing

No comments to submit

NHS England

No comments to submit

The Royal College of Emergency Medicine

Replied to the notification correspondence saying 'do not plan to contribute to this, however we will comment on the main consultation'