National Institute for Health and Care Excellence

2017 surveillance – Nutrition support for adults (2006) NICE guideline CG32

Appendix B: stakeholder consultation comments table

Consultation dates: 20 to 31 March 2017

Do you agree with the proposal not to update the guideline?

Stakeholder	Overall response	Comments	NICE response
All of Us	Yes	No comments	Thank you for your answer.
British Association for Parenteral and Enteral Nutrition	No	We feel that the refeeding guidance (page 18 of the surveillance document) should be reconsidered because of the amount of debate which it has generated since this guideline was produced.	Thank you for your comment. In the absence of firm evidence, NICE is currently unable to suggest that this area should be updated. This area will be monitored by future surveillance reviews.
South Eastern Trust	No	I feel the refeeding section should be updated. Although the attached paper is not new evidence it highlights two very key principle of refeeding that are not covered in NICE but are accepted by experts: Refeeding patients should avoid getting > than 1mmol/kg sodium and >30mls/kg fluid. Because of this it is not possible to achieve the level of potassium and phosphate supplementation recommended in NICE outside the ICU without overloading the patient with sodium and fluid. If electrolytes are given in dextrose It is not possible to achieve the recommended levels of supplementation without exceeding the energy recommendation. The recommend levels of potassium and phosphate supplementation cannot be achieved with oral preparations.	Thank you for your comment. This issue has not been raised by other stakeholders, and as it is possible to achieve these recommended levels, we believe that it relates primarily to local implementation therefore an update to the guideline is not warranted.
Royal College of Nursing	No	*RR – 10 Do patients with oro-pharyngeal dysphagia (as assessed by a trained practitioner) who are given pureed food compared to standard/ soft food benefit in terms of improved nutritional intake, the safety and efficiency of swallow, the number of aspiration incidents and avoidance of the need for enteral feeding?* This particular area needs to be reviewed. There appears to be insufficient resources in the Speech and language therapy (SALT) teams to provide care homes with necessary guidance in this area. Care Quality Commission are requiring evidence from care providers that people are safe and free from choking, so evidenced based guidance around this area is needed to ensure safe and quality care.	Thank you for your comment. Despite the NICE research recommendation you cite which noted the need for work to examine this area, no evidence was identified (by the current or any previous surveillance reviews) on the benefits of pureed food compared to standard/soft food in oro-pharyngeal dysphagia. Without evidence, we are unable to

		Screening As the health needs/dependency of older people could increase in line with life expectancy NICE may want to reconsider the frequency of malnutrition/risk of malnutrition screening in care homes in an update or future guidance.	recommend that the guideline is updated or that review questions are added to the guideline. NICE guideline CG32 recommendation 1.2.4 states that 'People in care homes should be screened on admission and when there is clinical concern. Clinical concern includes, for example, unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes or prolonged intercurrent illness.' The guideline therefore already promotes continuous monitoring in care homes and we believe no changes are currently needed.
Nutricia Advanced Medical Nutrition	Yes	The guidelines also form part of NHS England's Guidance – Commissioning Excellent Nutrition & Hydration 2015-2018 and therefore this and recent NIHRBAPEN report 2015 further highlighting the costs of not implementing NICE CG 32 recommendations should be used towards making this NICE CG32 mandatory.	Thank you for your comment. We are pleased to note that NICE guideline CG32 is referred to in NHS England's Guidance – Commissioning Excellent Nutrition & Hydration 2015-2018. We also acknowledge the importance of implementing the guideline as noted by the NIHR/BAPEN report 2015. However, NICE guidelines are not and cannot be made mandatory. As stated in the 'Your responsibility' section of the guideline, 'When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.' The duty of doctors registered with the General Medical Council to the care and safety of patients is set out in their guidance *Good medical practice*. The Nursing and Midwifery Council's The Code presents

			the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK. We would also draw your attention to NICE quality standard 24 which defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.
British Specialist Nutrition Association (BSNA)	Yes	However, we would argue that these guidelines should become mandatory. The British Specialist Nutrition Association (BSNA) is the trade association representing manufacturers of products designed to meet specialist nutritional needs. This submission is made on behalf of members involved in the provision of enteral (oral and tube feeding) nutrition. BSNA supports the proposal not to update the guideline and to place it on the static list. Malnutrition is a pressing concern. The data shows us that malnutrition is a significant and growing problem for both the NHS and society as a whole, which needs to be taken seriously and proactively addressed, if trends are to reverse. [1, 2, 3, 4] At present, implementation of CG32 varies across the country, which greatly affects patients' quality of care and health outcomes. In these circumstances we call for CG32 to be mandated across all healthcare settings. This would improve patient outcomes, reduce malnutrition risk and prevalence, and ensure equality of care for malnourished patients in all areas. Clear and consistent mandatory guidance on malnutrition would assist healthcare professionals in choosing the most suitable form of support for patients who need it. Mandatory guidance would also help to reduce any negative impact of prescription cuts that are being seen in some CCGs. More than three million people in the UK are estimated to either be malnourished or at risk of malnutrition at any one time.[1] In the UK, more than 10% of people aged over 65 living in the community are malnourished.[5] Amongst this vulnerable population group, the incidence of chronic age-related diseases is rising. Mandatory screening and nutritional support (as laid out in CG32) could have a substantial impact on such figures. CG32 supports healthcare professionals to identify malnourished people, helping them to choose the most appropriate form of support. This guideline is underpinned by QS24 which clearly states that people who are malnourished or at risk of malnutrition should have a complete care plan that aims to meet their complete nutritional requirements. Unfortunately, however, all too often these guidelines are forgotten or ignored, even though NHS England's 10 Key Characteristics of 'Good Nutrition and Hydration Care' recommends that "all care providers have a nutrition and hydration policy centred on the needs of users, [which is] performance managed in line with local governance, national standards and regulatory frameworks".[6]	Thank you for your comment. We acknowledge the significance of malnutrition and the importance of implementing NICE guideline CG32. However, NICE guidelines are not and cannot be made mandatory. As stated in the 'Your responsibility' section of the guideline, 'When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.' The duty of doctors registered with the General Medical Council to the care and safety of patients is set out in their guidance *Good medical practice*. The Nursing and Midwifery Council's The Code presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK. As you note, NICE has also published quality standard 24 which defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the

		Evidence shows that management of malnutrition supports not only positive health outcomes, but also reduces costs to the NHS. The public health expenditure associated with malnutrition is estimated to be £19.6 billion per year in England alone; and, as recognised by NICE, the delivery of better nutritional care could represent the sixth largest area of potential cost-savings to the NHS.[7, 8] Implementing NICE CG32 and QS24 in 85 per cent of patients at medium and high risk of malnutrition would lead to a net saving of £172.2-£229.2m.[3] Consequently, the management of malnutrition – and those at risk of malnutrition - should be integral to all care pathways. The prevention of ill health was recognised as a key policy objective by The Marmot Review in 2010;[9] and the Department of Health has acknowledged that adequate nutrition is fundamental to good health.[10] Appropriate and timely prescribing of nutritional support to people at risk of being malnourished may avoid secondary treatment and costs, as well as higher re-admission rates, and thus achieve significant cost savings relatively quickly, as recognised by NICE in its guidance on cost savings.[11,9] Additionally, evidence shows that implementation of CG32 and QS24 in 85% of patients at medium and high risk of malnutrition would lead to a net saving of £172.2-£229.2 million, which equates to £324,800 - £432,300 per 100,000 people.**Error! Bookmark not defined.** A recent report has shown that it costs more NOT to manage malnutrition than it does to do so.**Error! Bookmark not defined.** We will be in touch in due course to further discuss the content that needs to be mandated. [1] Elia M, Russell CA (eds), (2009) *Combating malnutrition; Recommendations for Action. A report from the Advisory Group on Malnutrition*, led by BAPEN. Redditch: BAPEN [2] Office for National Statistics, *Deaths from selected causes, by place of death, England and Wales, 2014 to 2015*, December 2016 [3] Elia, M (2015) The cost of malnutrition in England and potential cost savings from nutritional interventions (full report) Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre *The cost of malnutrition in England and potential cost savings from nutritional interventions* Available at: http://www.bapen.org.uk/pdfs/economic-report-full.pdf (last accessed 30 March 2017) [4] Russell, C A and Elia, M (on behalf of BAPEN and collaborators), *Nutrition screening surveys in hospitals in the UK, 2007-2011*, 2014 [5] Malnutrition Task Force. 2013. A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions. http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2014/07/General-Costs_and_Benefits_Report_June_2013.pdf (accessed 21 March 2017) [6] Ten key characteristics of 'good nutrition and hydration care', NHS England 2015 [7] The cost of malnutrition in England and potential cost savings from nutritional interventions, British Association for Parenteral and Enteral Nutrition and National Institute for Health Research Southampton Biomedical Research (2015) [8] Nutrition Support in Adults (32) Cost Saving Guidance (2011), NICE, 2011 [9] The Marmot Review. 'Fair Society Healthy Lives (2010) Strategic Review of Health Inequalities in England post-2010. UCL Institute of Health Equity. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf last accessed 30 March 2017 [10] Department of Health. Hard Truths: The Journey to Putting Patient First (2014) [11] The Value of Nutritional Care in Helping the NHS to Deliver on the NHS Outcomes Framework, BSNA and BDA Report, 2013. https://www.bda.uk.com/improvinghealth/healthprofessionals/patients_with_long-term_conditions (accessed 27 March 2017)	public, health and social care professionals, commissioners and service providers with definitions of high-quality care. NHS England's 10 key characteristics of 'good nutrition and hydration care', which you highlight, is a requirement to meet the Hospital Food Standards SC19 in the NHS Contract for hospitals. Further guidance from NHS England (which refers to NICE guideline CG32) is set out in its Commissioning Excellent Nutrition & Hydration 2015-2018.

Managing Adult Malnutrition in the Community panel	No	We do feel that some of the supporting tools should be updated as follows: • The Managing Adult Malnutrition in the Community document (www.malnutritionpathway.co.uk) would be a useful tool for referral (this is currently being updated and an up to date version should be out by June 2017). The community malnutrition guidelines are also available on eGuidelines - https://www.guidelines.co.uk/bapen-rcgp/malnutrition The guidelines also form part of NHS England's Guidance – Commissioning Excellent Nutrition & Hydration 2015-2018 • The supporting costing materials also need to be updated in light of the NIHR and BAPEN research 'The cost of malnutrition in England and potential cost savings from nutritional interventions.' (http://www.bapen.org.uk/pdfs/economic-report-full.pdf) Malnutrition continues to be a major burden on the NHS with malnourished people having more hospital admissions and readmissions, longer length of hospital stay and greater healthcare community needs (such as more GP visits). Given the expected rise in the age of the population, frail elderly and the numbers with chronic disease, all who are at risk of malnutrition, we believe that NICE should consider making the guidance mandatory. The cost of implementing NICE guidance effectively can be offset by the subsequent reduction in health and social care expenditure (it is currently estimated that cost of malnutrition is in excess of £19 billion per annum in England alone, based on malnutrition prevalence figures and the associated costs of both health and social care).	Thank you for your comment. The NICE surveillance process does not examine guidelines from other organisations as part of the evidence base to inform the update decision. However, the document that you cite 'Managing Adult Malnutrition in the Community' (which is also referred to in NHS England's Guidance – Commissioning Excellent Nutrition & Hydration 2015-2018 as you have noted), may be suitable for NICE endorsement. The NICE endorsement team can be contacted for further details. The NICE surveillance process does not examine supporting tools including costing materials. Comments on costing materials will be passed to the relevant NICE team. NICE guidelines are not and cannot be made mandatory. As stated in the 'Your responsibility' section of the guideline, 'When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.' The duty of doctors registered with the General Medical Council to the care and safety of patients is set out in their guidance *Good medical practice*. The Nursing and Midwifery Council's The Code presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK.

			We would also draw your attention to NICE quality standard 24 which defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.
Abbott	Yes	No comments	Thank you for your answer.
Halyard	No answer	The challenges associated with placement of small-bore feeding tubes has been an ongoing problem for years. An electromagnetic device introduced to the market in 2005 allows for visualisation of placement of small bore feeding tubes using a transmitting stylet and a receiver placed on the patient. This electromagnetic placement device (EMPD) marketed by Corpak MedSystems as Cortrak^{TM} (Cortrak 2 EAS) has been shown to decrease placement time, reduce number of radiographs for verification and result in successful bedside placements (Gray, 2007; Powers, 2008; Koopman, 2011; Powers, 2013 Kaffarnik, 2013). This has also been noted to decrease the incidence of pulmonary misplacements (Powers, 2011; Koopman, 2011; Kaffarnik, 2013). Literature Review Although many studies cite the benefits of EMPD, Few studies have addressed safety and efficacy related to elimination of routine radiographic verification with the use of EMPD. Several studies have supported the use of EMPD and elimination of routine radiographs (Powers 2013, Kaffarnik, 2013). These studies support the judicial use of radiographic and demonstrate safety and efficacy in placement using EMPD. Powers et al even demonstrated inaccuracy of radiologic interpretation when used for placement verification. Powers et al (2008), found approximately 12% inaccuracy rate in x-ray interpretation. Additional studies have questioned the safety of EMPD device and support continued use of radiographic verification (Metheny, Bryant). These recommendations were based on a retrospective review of data. In a retrospective study, Metheny reviewed complication with EMPD, the author highlights 6 cases with complications, 4 of the 6 cases highlighted actually did have x-ray confirmation and the confirmatory x-ray was later found to be inaccurately interpreted; so to support x-ray as the gold standard based on this is a stretch of interpretation. Pulmonary misplacements in these reviews could be attributed to user error and misinterpretation by the clinician, not of the equipment.	Thank you for your comment. The NICE guideline CG32 recommendations relevant to tube placement state: 1.7.17 The position of all nasogastric tubes should be confirmed after placement and before each use by aspiration and pH graded paper (with X-ray if necessary) as per the advice from the National Patient Safety Agency. 1.7.18 The initial placement of post-pyloric tubes should be confirmed with an abdominal X-ray (unless placed radiologically). CG32 does not make any recommendations about specific placement systems, however NICE has assessed the CORTRAK system in Medtech innovation briefing 48 (January 2016; updated December 2016) CORTRAK 2 Enteral Access System for placing nasoenteral feeding tubes. This briefing states that 'Although the manufacturer indicates that CORTRAK 2 Enteral Access System can be used to confirm the placement of nasoenteral tubes and may replace imaging, it states that users should ultimately confirm position according to facility protocol. In standard UK practice, this is aspiration and testing the aspirate using pH paper (and X-ray if necessary) for nasogastric tubes. Initial post-pyloric tube placement is confirmed with an abdominal X-ray, unless placed under fluoroscopic guidance'.

			NICE MIB48 also states that 'A patient safety alert issued by NHS England (2013) states that it is vital that healthcare professionals use pH or X-ray testing to confirm correct placement of nasogastric tubes after initial insertion, even when using placement devices.' MIB48 and recent patient safety alerts are aligned with the recommendations in CG32 regarding confirmation of tube placement. No changes to the guideline recommendation wording are deemed necessary, however an editorial amendment will be made to the guideline to cross-refer to the latest patient safety alerts. Medtech innovation briefings are designed to support NHS and social care commissioners and staff who are considering using new medical devices and other medical or diagnostic technologies. MIB48 can be used to inform local deployment of CORTRAK 2.
Royal College of Physicians (RCP)	No	The RCP is grateful for the opportunity to respond to the above consultation. We have liaised with our Nutrition Committee and would like to make the following comments. The key element of the guidelines that needs to be updated are the refeeding guidelines. This was very much expert opinion and does need to be rethought in view of any studies performed. Whilst there will not be any high-quality studies we believe there will be information from small studies which could influence expert opinion. There are other elements of the guidelines that can benefit from being updated such as the nutrition support in the critically ill patient. Another area relates to advice regarding monitoring of patients on parenteral nutrition support, especially when they are on long-term parenteral nutrition support. Overall, we do think that the guidelines should be updated formally through the NICE process	Thank you for your comment. Regarding refeeding, in the absence of firm evidence in this area, NICE is currently unable to suggest that this area should be updated. This area will be monitored by future surveillance reviews. Regarding critically ill patients, the current surveillance process examined several recent studies, and findings along with the potential impact on the guideline are discussed in the Appendix A evidence summary document. The new evidence was deemed unlikely to change the direction of the original recommendations. Surveillance can only propose to update areas of a guideline where new evidence suggests that a change to current recommendations is needed. Regarding monitoring, section 1.5 of NICE guideline CG32 contains detailed recommendations on monitoring of nutrition support, and makes specific recommendations on parenteral nutrition support, and long-term nutrition support. Additionally,

			recommendation 1.8.2 states that 'Parenteral nutrition should be introduced progressively and closely monitored'. No evidence was found by the current surveillance process on monitoring of patients on parenteral nutrition support. Surveillance can only propose to update areas of a guideline where new evidence suggests that a change to current recommendations is needed
Fresenius Kabi	Yes	Agree with proposal but would support a recommendation for the guidelines to become mandatory.	Thank you for your comment. NICE guidelines are not and cannot be made mandatory. As stated in the '[Your responsibility]' section of the guideline, 'When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.' The duty of doctors registered with the General Medical Council to the care and safety of patients is set out in their guidance *Good medical practice*. The Nursing and Midwifery Council's The Code presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK. We would also draw your attention to NICE quality standard 24 which defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.

Do you agree with the proposal to put the guideline on the static list?

Stakeholder	Overall response	Comments	NICE response
All of Us	Yes	Until such time as further evidence is available	Thank you for your answer.
British Association for Parenteral and Enteral Nutrition	No	No comment	Thank you for your answer.
South Eastern Trust	No answer	No comment	Thank you for your answer.
Royal College of Nursing	No	As above	Thank you for your answer.
Nutricia Advanced Medical Nutrition	Yes	See above point though about making the NICE CG32 mandatory.	Thank you for your comment. Your comment about making NICE guideline CG32 mandatory has been addressed in reply to your response in the above section 'Do you agree with the proposal not to update the guideline?'
British Specialist Nutrition Association (BSNA)	Yes	No comments	Thank you for your answer.
Managing Adult Malnutrition in the Community panel	No	See notes in section above	Thank you for your answer.
Abbott	Yes	No comments	Thank you for your answer.

Halyard	No	No comment	Thank you for your answer.
Royal College of Physicians (RCP)	No	No comment	Thank you for your answer.
Fresenius Kabi	No	No comment	Thank you for your answer.

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

Stakeholder	Overall response	Comments	NICE response
All of Us	Yes	Please note under within Appendix A Interface of CG32 and policy – the following sentence should be amended: Healthcare professionals involved in starting or stopping nutrition support should: obtain consent from the patient if he or she is competent; act in the patient's best interest if he or she is not competent to give consent Amendment: Carry out a mental capacity assessment, specific to this decision, if it is believed that the person does not have capacity and this should be followed by the best interest decision framework.	Thank you for your comment. The recommendation from NICE guideline CG32 that your comment refers to is 1.3.4. This recommendation additionally states that 'When such decisions are being made guidance issued by the General Medical Council[5] and the Department of Health[6] should be followed.' Footnote 6 refers to the Reference guide to consent for examination or treatment (2001) Department of Health. This guide was updated to a second edition in 2009, which makes reference to the Mental Capacity Act 2005, including mental capacity assessments. NICE guideline CG32 will be updated to refer to the 2009 second edition of the Department of Health's Reference guide to consent for examination or treatment.
British Association for Parenteral and Enteral Nutrition	No	No comment	Thank you for your answer.

South Eastern Trust	No answer	No comment	No answer provided by stakeholder.
Royal College of Nursing	Yes	Enteral tube feeding The use of misplaced nasogastric and orogastric tubes was first recognised as a patient safety issue by the National Patient Safety Agency (NPSA) in 2005, however further alerts were issued by the NPSA and NHS England between 2011 and 2013. A further Alert in 2016 highlighted problems with organisational processes for implementing previous alerts. More detailed information and recommendations on this topic could be considered by NICE.	Thank you for your comment. NICE guideline CG32 recommendation 1.7.17 states 'The position of all nasogastric tubes should be confirmed after placement and before each use by aspiration and pH graded paper (with X-ray if necessary) as per the advice from the National Patient Safety Agency (NPSA 2005).' As you have noted, further alerts have been issued since 2005. The 2005 advice was updated in 2011 (though it states 'This Alert does not change the advice given in Patient Safety Alert 05 that pH testing remains the first line test, and x-ray checking remains the second line test.'). Further alerts have also been issued (Rapid Response Report in 2012, and Patient Safety Alerts in 2013 and 2016). As we have noted in the Appendix A Evidence Summary section 'Editorial and factual corrections identified during surveillance', NICE guideline CG32 will be updated to refer to the latest safety advice.
Nutricia Advanced Medical Nutrition	No	No comments	Thank you for your answer.
British Specialist Nutrition Association (BSNA)	No	No comments	Thank you for your answer.
Managing Adult Malnutrition in	No	No comments	Thank you for your answer.

the Community panel			
Abbott	Yes	The NICE CG32 provides a practical and easy to understand best practice guideline on the screening for, and appropriate management of malnutrition. However, currently the guidelines seem to be optional rather than mandatory practice. The following is well known: • 1 in 3 people admitted to hospital or care homes in the UK are found to be at risk of malnutrition[1] • Malnourished patients have more hospital admissions, and spend more time in hospital[1] • Malnourished patients see GPs twice as often, have 3 times the number of hospital admissions and stay in hospital 3 days longer[2] • It costs the NHS 3 x more to treat a malnourished patient than a non-malnourished patient[3] • The incremental cost of treating a patient with malnutrition is £5,239 per year[3] • Savings of up to £71,800 per 100,000 population can be achieved by implementing NICE CG32[4] In additional to this, the benefits of improving nutritional care and providing adequate hydration are immense, especially for those with long term conditions and problems such as stroke, pressure ulcers or falls. The evidence shows clearly that if nutritional needs are ignored health outcomes are worse and meta-analyses of trials suggest that provision of nutritional supplements to malnourished patients reduces complications such as infections and wound breakdown by 70% and mortality by 40%.[5] Given the clinical and cost benefits that providing good nutritional care can provide, I urge NICE to work towards ensuring that CG32 are a mandatory and integral part of healthcare. 1. Managing Adult Malnutrition in the Community, 2012: http://malnutritionpathway.co.uk/downloads/Managing_Malnutrition.pdf. Accessed January 2017 2. Malnutrition Task Force, 2013: http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2014/11/A-review-and-summary-of-the-impact-of-malnutrition-in-older-people-and-the-reported-costs-and-benefits-of-interventions.pdf. Accessed January 2017 3. BAPEN and NIHR, 2015: http://www.bapen.org.uk/pdfs/economic-report-full.pdf. Accessed January 2017 4. NICE, 2016: https://www.nice.org.uk/about/what-we-do/into-practice/cost-saving-guidence. Accessed January 2017 5. BAPEN, 2010: http://www.bapen.org.uk/pdfs/toolkit-for-commissioners.pdf	Thank you for your comment. NICE guidelines are not and cannot be made mandatory. As stated in the 'Your responsibility' section of the guideline, 'When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.' The duty of doctors registered with the General Medical Council to the care and safety of patients is set out in their guidance *Good medical practice*. The Nursing and Midwifery Council's The Code presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK. We would also draw your attention to NICE quality standard 24 which defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.

Halyard	No answer	Guidance for Nasogastric and Nasojejunal placement and confirmation should include CORTRAK technology - other bedside methods used to confirm feeding tube placement, such as pH measure, capnography, observation of gastric aspirate, and signs of respiratory distress have lacked validity (Bourgault et al., 2015; Metheny et al., 2012), leaving CORTRAK as one of the only reliable methods for bedside feeding tube verification. The most frequent complication from blind insertion of feeding tubes is improper placement in the esophagus or pulmonary system, which can lead to complications and death (Sorokin & Gottlieb, 2006). One advantage of CORTRAK is the ability to visualise feeding tubes as they first enter the pulmonary system, prompting the user to immediately withdraw the tube and possibly avoid pneumothorax and other complications (Gray et al., 2007; Rivera et al., 2011). Prior to the use of CORTRAK, delays in patient feeding occurred while waiting for radiographic confirmation. If used as intended, time to initiate feeding should be expedited by use of the CORTRAK device.	Thank you for your comment. Your comment about CORTRAK has been addressed in reply to your response in the above section 'Do you agree with the proposal not to update the guideline?'
Royal College of Physicians (RCP)	No	No comment	Thank you for your answer.
Fresenius Kabi	No	No comment	Thank you for your answer.

Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
All of Us	As Above		Thank you for your answer.
British Association for Parenteral and Enteral Nutrition	No	No comment	Thank you for your answer.
South Eastern Trust	No answer	No comment	No answer provided by stakeholder.
Royal College of Nursing	No	No comment	Thank you for your answer.

Nutricia Advanced Medical Nutrition	No	No comments	Thank you for your answer.
British Specialist Nutrition Association (BSNA)	No	No comments	Thank you for your answer.
Managing Adult Malnutrition in the Community panel	No	No comments	Thank you for your answer.
Abbott	No	No comments	Thank you for your answer.
Halyard	No	No comments	Thank you for your answer.
Royal College of Physicians (RCP)	No	No comment	Thank you for your answer.
Fresenius Kabi	No	No comment	Thank you for your answer.