NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Centre for Clinical Practice – Surveillance Programme

Recommendation for Guidance Executive

Clinical guideline
CG65: Inadvertent perioperative hypothermia: The management of inadvertent perioperative hypothermia in adults

Publication date
April 2008

Previous review dates
3 year review: 2011

Surveillance report for GE (post-consultation)
April 2015

Surveillance recommendation
GE is asked to consider the following proposals which were consulted on for 2 weeks:

- If compelling new evidence is found relating to the Inditherm patient warming device, the Medical Technology Guidance (MTG7) 'Inditherm patient warming mattress for the prevention of inadvertent hypothermia' should be reviewed within CG65. If no new evidence is found then the guideline should include a cross reference to MTG7.
- The timelines for the update of CG65 and the development of the medical technology guidance on HumiGard should be aligned.
- The Medical Technologies Evaluation Programme (MTEP) will, as part of routine engagement activities, advise companies with other warming devices to register as stakeholders to CG65.

Key findings

	Potential impact on guidance	
	Yes	**No**
Evidence from previous surveillance review	✓	
Evidence identified from literature search	✓	
Feedback from Guideline Development Group	✓	
Anti-discrimination and equalities considerations		✓
Feedback from Triage Panel meeting	✓	
Feedback from stakeholders	✓	

No update	**CGUT update**	Standard update	Transfer to static list	Change review cycle
	✓			

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Surveillance review of CG65: Inadvertent perioperative hypothermia: The management of inadvertent perioperative hypothermia in adults

Recommendation for Guidance Executive

Background information

Guideline issue date: April 2008
3 year review: 2011 (update)
6 year review: 2014

NCC: National Clinical Guideline Centre (formerly the National Collaborating Centre for Nursing and Supportive Care)

Surveillance review recommendation

1. It was previously agreed by Guidance Executive in February 2015 to update the following questions in CG65: Inadvertent perioperative hypothermia, subject to consultation on potential overlaps with existing and future medical technologies guidance:
   - Detection and monitoring - what is the best site for accurately measuring temperature in the different phases of perioperative care?
   - Are warming devices/mechanisms effective in preventing inadvertent perioperative hypothermia in adults in the different phases of perioperative care, specifically comparing classes of active warming devices?

Implications for other NICE programmes

2. The proposed area for update in the guideline relating to active warming devices for the prevention of IPH relates to the Medical Technology Guidance (MTG7) 'Inditherm patient warming mattress for the prevention of inadvertent hypothermia'. CG65 recommends the use of forced air warming (FAW) and MTG7 recommends considering the use of the Inditherm patient warming device. It is proposed that if compelling new evidence is found relating to Inditherm, MTG7 should be reviewed and potentially updated within CG65 (in which case

MTG7 would be withdrawn on publication of the updated guideline). If no new evidence is found then the guideline should include a cross reference to MTG7.

3. NICE is aware of other resistive heating technologies available to the NHS. To minimise the risk of further overlap issues it is proposed that any companies engaging with MTEP about such products will be advised to register as stakeholders for CG65.

4. The HumiGard system for heating and humidifying insufflation gas was selected and routed in January 2015 for development of medical technologies guidance. The recommendations arising for HumiGard from the medical technologies guidance will need to be considered alongside the clinical guideline in this area to ensure guidance is coherent. In order to minimise the risk of inconsistency, it is proposed that the timelines for the update of CG65 and the development of the medical technology guidance on HumiGard should be aligned.

Summary of stakeholder feedback

5. Stakeholders were consulted on the following proposals over a two week consultation period:

Proposals for consultation:

- If compelling new evidence is found relating to the Inditherm patient warming device, the Medical Technology Guidance (MTG7) 'Inditherm patient warming mattress for the prevention of inadvertent hypothermia' should be reviewed within CG65. If no new evidence is found then the guideline should include a cross reference to MTG7.
- The timelines for the update of CG65 and the development of the medical technology guidance on HumiGard should be aligned.
- The Medical Technologies Evaluation Programme (MTEP) will, as part of routine engagement activities, advise companies with other warming devices to register as stakeholders to CG65.

6. In total, 6 stakeholders and 1 CG65 GDG member commented on the proposals for consultation during the two week consultation period. The table of stakeholder comments can be viewed in Appendix 1.

7. Six stakeholders agreed with the proposals and 1 stakeholder disagreed.

8. The stakeholder that disagreed with the proposals commented on the decision to update the guideline and stated that the update should include pre-warming and different types of device for temperature measurement. However, these two areas have already been identified for inclusion within the forthcoming update to CG65.

Ongoing research

9. GDG feedback indicated that there are ongoing studies into the Easy Warm blanket, however, no further details were provided.

Anti-discrimination and equalities considerations

10. None identified.

Conclusion

11. The following potential implications for CG65 and current and ongoing medical technologies guidance in this area will be considered as part of the update:

    - If compelling new evidence is found relating to the Inditherm patient warming device, MTG7 will be reviewed and potentially updated within CG65. If no new evidence is found then the guideline should include a cross reference to MTG7.
    - The timelines for the update of CG65 and the development of the medical technology guidance on HumiGard will be aligned.

12. MTEP will, as part of routine engagement activities, advise companies with other warming devices to register as stakeholders to CG65.

Mark Baker – Centre Director
Philip Alderson – Consultant Clinical Adviser
Diana O'Rourke – Technical Analyst
Mirella Marlow – Programme Director, MTEP
Mark Campbell – Associate Director – MTEP

Centre for Clinical Practice
April 2015

Appendix 1 Surveillance review consultation

Surveillance review consultation comments table
16/03/2015 - 27/03/2015

Type	Stakeholder	Do you agree with the proposals for consultation?	Comments	Comments on equality issues or areas excluded from the original scope	Response
SH	Inditherm plc	Agree	None	None	Thank you
SH	NHS England			I wish to confirm that NHS England have no substantive comments to make regarding this consultation.	Thank you
GDG	GDG member	Agree	I still feel very strongly that obstetrics should be included. Having read through the documentation you sent me I'm not quite sure what the conclusion was regarding this. It would be even more helpful to have a definite commitment to look at this topic - rather than just considering it again in a few years time. The trouble seems to be that although there is a strong desire to review this area amongst		Thank you for your comments. The aim of this consultation was to gather the views of stakeholders on potential overlaps between the update to CG65 and current and ongoing medical technologies guidance in this area. In particular: the proposal to potentially update MTG7 as part of the update to CG65; to align the update of CG65 and the development of the medical technology guidance on HumiGard; and to ensure that companies with other warming

Type	Stakeholder	Do you agree with the proposals for consultation?	Comments	Comments on equality issues or areas excluded from the original scope	Response
			both the obstetric and IPH groups, because it falls between the two camps, nothing ever actually happens.		devices are advised to register as stakeholders to CG65 as part of the Medical Technologies Evaluation Programme's (MTEP) routine engagement activities. With regards to the update of CG65, an extension of the update to include obstetric patients would be complex given the different physiology of the population. This would mean that direct evidence for that population would be required or a standing committee with more obstetric expertise would be needed. Given this complexity, it was concluded that compared to other issues raised, it was not a priority at this time. An alternative would be to include it as an extension of an obstetric guideline, for example, the Caesarean Section guideline. This is scheduled for a surveillance review in 2016 and it could be raised as an issue for

Type	Stakeholder	Do you agree with the proposals for consultation?	Comments	Comments on equality issues or areas excluded from the original scope	Response
					consideration then.
SH	Nordic Healthcare Ltd.	Agree	Conductive polymer warming has been active and popular in the UK market – in a measurable way – for more than five years. This technology has been independently shown to be cleaner, greener, significantly cheaper and more importantly, more effective than forced-air warming. My company distributes the HotDog Warming product and have already met with NICE to discuss notifying to MTEP – which we will be doing shortly. It is arguable that HotDog is even more effective than the Inditherm product as it offers warmth both below and above the body; it sandwiches the patient in warmth. CPW is a technology that has many adopters and this will only continue to grow, as more clinicians realise the benefits over existing technologies.		Thank you for your comments. It has been agreed that the update to CG65 relating to different types of active warming devices will consider active warming devices by class and not by device. However, companies with other warming devices will be advised to register as stakeholders to CG65 by MTEP and will therefore have the opportunity to comment on the update to the guideline when this is published.

Type	Stakeholder	Do you agree with the proposals for consultation?	Comments	Comments on equality issues or areas excluded from the original scope	Response
			I fully agree that CG65 needs to be updated with current technology whilst ensuring that Conductive Polymer Warming as a technology is one of the recommendations of the guidance.		
SH	Royal College of Nursing	Agree	The Royal College of Nursing agree with the proposals that the guideline should be updated. We feel that in light of the evidence that there are other methods of actively warming patients, these need to be incorporated if it is apparent that it is as effective as forced air warming. The RCN would also welcome guidance on the best site for measuring temperature as there are various methods of doing this.		Thank you for your comments. It has been agreed that the update to CG65 should reflect new evidence relating to different types of active warming devices and the site of measurement and accuracy of device used to measure temperature.

Type	Stakeholder	Do you agree with the proposals for consultation?	Comments	Comments on equality issues or areas excluded from the original scope	Response
SH	Clinical Compliance University Hospitals Birmingham			In response to the consultation our response to all three questions below would be 'yes' • If compelling new evidence is found relating to the Inditherm patient warming device, the Medical Technology Guidance (MTG7) 'Inditherm patient warming mattress for the prevention of inadvertent hypothermia' should be reviewed within CG65. If no new evidence is found then the guideline should include a cross reference to MTG7. • The timelines for the update of CG65 and the development of the medical technology guidance on HumiGard should be aligned. • The Medical	Thank you for your comments.

Type	Stakeholder	Do you agree with the proposals for consultation?	Comments	Comments on equality issues or areas excluded from the original scope	Response
				Technologies Evaluation Programme (MTEP) will, as part of routine engagement activities, advise companies with other warming devices to register as stakeholders to CG65.	
SH	3M Health Care UK	Disagree	There is a growing body of evidence to support the benefits of prewarming, to reduce the effect of anaesthesia induced temperature drop. There is also evidence highlighting the variability in temperature measurements with infra-red tympanic thermometers. These two key areas should be included in the scope of this proposed consultation.	The CG65 review proposal document highlighted that following a systematic literature review between February 2011 and October 2014, there was new evidence that could impact on guideline recommendations relating to detection/monitoring and the effectiveness of different devices in the prevention of IPH in adults in the different phases of perioperative care? The scope of this review does not cover these important areas, as well as the area of pre-warming.	Thank you for your comments. The aim of this consultation was to gather the views of stakeholders on potential overlaps between the update to CG65 and current and ongoing medical technologies guidance in this area. In particular: the proposal to potentially update MTG7 as part of the update to CG65; to align the update of CG65 and the development of the medical technology guidance on HumiGard; and to ensure that companies with other warming devices are advised to register as stakeholders to CG65 as part

Type	Stakeholder	Do you agree with the proposals for consultation?	Comments	Comments on equality issues or areas excluded from the original scope	Response
					of the Medical Technologies Evaluation Programme's (MTEP) routine engagement activities. With regards to the areas to be included in the update to CG65, it has already been agreed that the update should reflect new evidence relating to: different types of active warming devices and in relation to the use of active warming devices preoperatively (pre-warming); and the site of measurement and accuracy of devices used to measure temperature.