NICE National Institute for Health and Care Excellence

Acute kidney injury: prevention, detection and management

Consultation on draft guideline - deadline for comments: 5 pm on Thursday, 31st October 2019. Email: acutekidneyinjury@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**Royal College of Physicians and Surgeons of Glasgow**

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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**None**
Name of commentator person completing form:	Dr Richard Hull, Honorary Secretary in consultation with experts within the field
Type	[office use only]

Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1			General	The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments. The College welcomes this Guideline in an important area. It is generally supportive of this guideline.
2	Guidance	9	12	It would be useful to have an example of an oral regimen or a range of oral hydration regimes as a guide (eg 500ml---1000mls pre/post) somewhere in the guideline - even in the rationale section.
3	Guideline	9	15	One of our reviewers felt that statements in an evidence-based guideline where an intervention is

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				'considered' are unhelpful. Clinicians turn to a guideline because they are already considering interventions. A guideline should either recommend an intervention or state that it is not known if the intervention is helpful in these circumstances. In the 'rationale' section the authors state that *"Based on the evidence, the committee decided that intravenous volume expansion should be used only for adults at particularly high risk and that oral hydration should be encouraged in all other adults at increased risk of contrast-induced acute kidney injury."* That is a more definitive statement than the formal guideline if combined with their definition of 'high risk' (with the exception of all renal transplant recipients- see below). Our reviewer was not aware of evidence that patients with a functioning renal transplant are more susceptible to contrast-associated AKI or the negative consequences of contrast associated AKI than patients with the same level of native kidney function. The reviewer was not convinced therefore that admission of patients with a renal transplant with eGFR >30mL/min for intravenous fluid is a justifiable recommendation.
4	Guideline	9	20	It would be useful to add an example of a test where large volume of contrast is required or a reference to where to find information about volumes of contrast in different tests.
5	Guideline	10	1	The guidance should be more explicit about what should be the content of the recommended discussion. There are no studies of which our reviewer is aware that show that this intervention improves important patient outcomes and there are potential unintended consequences. The discussion is presumed in relation to preservation of residual renal function and avoidance of extracellular fluid overload. Neither of these is a particular concern in patients with a kidney transplant and good renal function receiving iodinated contrast agents. Only avoidance of extracellular fluid overload is of concern for patients on haemodialysis or peritoneal dialysis who are anuric. There is potential therefore that the explicit recommendation for discussion with a nephrologist for all patients on renal replacement therapy could lead to delays in treatment (eg emergency coronary artery

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				stenting in a patient with a transplant that functions well) or opportunity cost. It could be argued that it is more important that clinicians discuss proposed iodinated contrast administration for a patient with advanced renal failure *not yet* on renal replacement therapy with nephrologists than for patients already on renal replacement therapy as there is a risk of precipitating the need for emergency dialysis or of delaying a procedure unnecessarily. At the end of the document the authors state that *"Important information on ensuring that emergency imaging is not delayed by risk assessment was moved from the end of the recommendation to the main body of the recommendation. This was done to make the information more prominent and ensure that it would not be missed."* Our reviewer does not believe that this statement is prominent enough in the main body (He had to search for the text string 'delay' to find it under recommendation 1.1.6 to ensure that emergency imaging is not delayed if the recommendations regarding discussion with nephrologist are left in the guideline.
6	Guideline	17	23	It should be noted that a lot of the evidence for prevention is based on patients with eGFR>30ml/min eg the AMACING trial excluded patients with eGFR<30mls. It is therefore not possible to extrapolate from this evidence (that oral fluids are similar to iv fluids in prevention) to patients with eGFR<30mls.
7	Guideline	18	10	It would also be good to get more information/research on categorising the risks of intravenous versus intra-arterial contrast.
8	Guideline	18	21	In the discussion about how the recommendations might affect practice, it states that this guideline may result in a lower resource use for outpatients. This would need an evaluation of how many patients are currently admitted for IV fluids with eGFR<40mls/min to allow comparison with change of practice.
9	Evidence reviews	11	Table 2	Information on inclusion +/or exclusion GFR in these studies would be useful for comparison, ie how many of them are in patients with GFR<30mls/min?

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10	Deleted information	21	Table1	The guideline categorises risk by inpatient v outpatient and other risk factors ie GFR in determining using oral v intravenous fluids. There is a patient group who fall into the 'outpatient' and therefore for oral fluids but who may have a low GFR and are getting intra-arterial contrast eg Patients for a coronary angiogram. Should this group have a separate recommendation?
11	Guideline	General	General	The guideline could perhaps be enhanced by including a statement about the lack of benefit of timing of contrast administration with haemodialysis sessions as this is a commonly encountered scenario in clinical practice that leads to delays in contrast administration in patients on regular haemodialysis. Many clinicians and radiologists are under the impression that patients on haemodialysis should have a haemodialysis session immediately after administration of iodinated contrast agents. We are not aware that evidence supports this.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF).**
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
- Do not paste other tables into this table – type directly into the table.
- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms **do not include attachments** such as research articles, letters or leaflets (for copyright

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reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations 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 comments we received, and are not endorsed by NICE, its officers or advisory Committees. Further information regarding our privacy information can be found at our privacy notice on our website.