

Consultation on draft guideline – deadline for comments 5pm on 28/02/2022

email: strokeandtia@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 response from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly 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 name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- For copyright reasons, **do not include attachments** such as research articles, letters, or leaflets. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline.
- **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.

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	<p>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</p> <p>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.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below.</p> <ol style="list-style-type: none"> 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.) 4. The guideline currently contains a research recommendation for the following question “How safe and effective is the early manipulation of blood pressure after stroke?”. We are proposing to remove that research recommendation from the guideline – please can you indicate if you agree or disagree with that proposal. <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).</p>	<p>The Royal College of Physicians and Surgeons of Glasgow</p>
<p>Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).</p>	<p>None</p>
<p>Name of person completing form</p>	<p>Dr Richard Hull FRCP Glas, Honorary Secretary, with the advice of experts within the field</p>

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Comment number	Document [e.g. guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	Comments <ul style="list-style-type: none"> • 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. • Include section or recommendation number in this column.
Example	Guideline	16	45	Rec 1.3.4 – We are concerned that this recommendation may imply that
Example	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because
Example	Guideline	37	16	This rationale states that...
Example	Evidence review C	57	32	There is evidence that ...
Example	Methods	34	10	The inclusion criteria ...
Example	Algorithm	General	General	The algorithm seems to imply that ...
Example	EIA	10	2	We agree the barriers to access listed, and would also like to add
1	Guideline	General	General	<p>The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the UK. 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.</p> <p>The College welcomes this update on guidance on stroke and transient ischaemic attack in over 16s. The guideline seems a good refinement of the previous advice with clearly stated reasons for the update. It reviews control of blood pressure in the early stages of stroke or TIA.</p>
2	Guideline	8	8	We welcome the research recommendations on the cognitive effects of these treatments and also their impact on frail older patients, since both these areas are relatively lacking in research investment.
3	Guideline	8	21	One of our reviewers noted that notwithstanding the exclusion of patients about to have haematoma evacuation, it is likely that for most patients there will now be more intensive monitoring within the first hour if giving iv bp reduction therapy than would be expected for these patients otherwise. It would not be usual practice for these patients to have continuous bp monitoring or 15-minute neuro observations in the first hour.
4				.

Stroke and transient ischaemic attack in over 16s

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Insert extra rows as needed

Data protection

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

For more information about how we process your data, please see our [privacy notice](#).