National Institute for Health and Clinical Excellence

Intravenous fluid therapy
Stakeholder Comments

Please enter the name of your registered stakeholder organisation below. **NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the NICE website or contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.**				
Stakeholder Organisation:	Faculty of Intensive Care Medicine			
Name of commentator:				
Order number *(For internal use only)*	**Document** Indicate if you are referring to the **Full** version **NICE** version or the **Appendices**	**Section Number** Indicate **number** or **'general'** if your comment relates to the whole document	**Page Number** Indicate **number** or **'general'** if your comment relates to the whole document	**Comments** **Please insert each new comment in a new row.** **Please do not paste other tables into this table, as your comments could get lost – type directly into this table.**
Example	Full	3.4.6	45	Our comments are as follows ……
PROFORMAS THAT ARE NOT CORRECTLY SUBMITTED AS DETAILED ABOVE MAY BE RETURNED TO YOU				
1	NICE	1.4.1	11	5% glucose provides minimal calorific intake (1 litre is < 20% of BMR). Emphasis of the sugar content could lead to the erroneous idea it has a nutritional role. The role is to replace free water. .
2	NICE	1.6.3	11	A lead is impractical and alone (like the algorithms) will achieve little. The emphasis must be on documentation of fluid balance and plan in the medical notes as part of the daily clinical assessment by a senior clinician. The importance of senior input is covered in full version. (10.52 p.159). It should be a key recommendation.
3	NICE	1.1.4	13	Suggest present algorithms as 4 separate charts
4	NICE	1.4.4	17	This regime risks hyponatraemia at volumes less than 2.5 litres per day, particularly in sick patients with raised ADH. The risks of hypotonic fluids and hyponatraemia should be emphasised more
5	NICE	Diagram	20	Large ranges so figure unhelpful. Large losses from these sites require estimation of electrolyte content
6	NICE	1.2.2	15	There is no mention of the use of invasive and non invasive measures of fluid requirements both. These may be for the specialist, but they are becoming increasingly frequent, with more widespread US machines and courses (FICE, FATE and FEEL). It is likely that their use will become an increasingly integral part of patient bedside assessment. This true of US of the IVC and lung USS to assess lung water, as well as echocardiography
7	NICE	1.2.1	14	The Assessment part of the algorithm should consider whether the likely differential diagnosis, specifically cardiac conditions.
8	NICE	1.4.4	17	Maintenance fluids should only be prescribed at the daily senior ward round. They are never urgent, and can often be supplemented by oral intake. Their

				repeated prescription by juniors causes excessive fluids to be given and increased cost
9	NICE	1.6.1	18	Many patients requiring intravenous fluids in hospital will be surgical patients, the critically ill, those with high GI outputs and therefore any training should probably focus more on illness states than “normal” physiology, which has long been a failing of medical teaching of fluid management.
10	Full		150	Typos; fkuids requireemnts .
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Please add extra rows as needed

Please email this form to: IVTherapy@nice.org.uk

Closing date: 3 July 2013

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion or the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.