

Appendix B: Stakeholder consultation comments table

2018 surveillance of [sedation in under 19s: using sedation for diagnostic and therapeutic procedures](#) (2010)

Consultation dates: 15 to 26 October 2018

Do you agree with the proposal to refresh recommendation 1.2.3 within the section on fasting the guideline?			
Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery, Royal College of Surgeons of England, UK	Yes	The current pre-op fasting recommendation of 2 hours for clear fluids 4 hours for breast milk and 6 hours for solids has been revised for GA and IV sedation in some specialist centres (e.g. Sheffield Children's Hospital). Children are now being allowed to take sips of water right up until the time of their GA/deep sedation to reduce the morbidity associated with potential dehydration. We would therefore ask that this current recommendation of no fluids for 2-hours pre-op is reviewed and revised if appropriate by the developers of the current sedation guideline.	Thank you for your comment. The minimum length of time necessary to fast a child before sedation was not established during guideline development, and the current fasting recommendation was based on committee consensus. Following stakeholder advice we decided to refresh the recommendation and advise practitioners to refer to recent professional guidance in the area on fasting for elective procedures, as there had been a reported change in practice and professional body consensus. To this end we have included a footnote to the consensus statement on clear fluids fasting for elective paediatric general anaesthesia (Association of Paediatric Anaesthetists of Great Britain and Ireland consensus statement on clear fluids fasting for elective pediatric general anesthesia was published in April

Comments received in the course of consultations carried out by NICE 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 submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

			2018), which supports a reduction to 1 hour of the fasting period for clear fluids - to minimize side effects of fasting while balancing against related risk. The consensus statement also cites recent evidence of low incidence of pulmonary aspiration in children allowed to take clear fluids.
NHS England		no comments have been received from NHS England colleagues	Thank you.
Royal College of Anaesthetists (in collaboration with the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI))	Yes	<p>The RCoA and APAGBI welcome the amendment to this recommendation, which in its new form reflects the 2018 guidance endorsed by both organisations.</p> <p>The RCoA and APAGBI are disappointed that a wider update of the guidelines has not been proposed, as we suggested in our original consultation response.</p> <p>In particular, since the original guidelines were produced, new research¹ has suggested that anaesthetic agents not addressed in the guideline (i.e. dexmedetomidine) can play an important role in providing cost-effective sedation services to children and young people. This research would suggest that there is sufficient evidence to consider amending recommendations throughout the current guidelines, particularly concerning personnel and training.</p> <p>¹ For example, Sulton et. Al Pediatric Procedural Sedation Using Dexmedetomidine: A Report From the Pediatric Sedation Research Consortium. Hospital Pediatrics September 2016, VOLUME 6 / ISSUE 9</p>	<p>Thank you for your comment.</p> <p>We have responded to comments made during the original (first) consultation in a separate document; please refer to Appendix A.</p> <p>Thank you for making us aware of the study of dexmedetomidine, an agent that is not mentioned in the guideline on sedation for diagnostic and therapeutic procedures. Efficacy outcome data for the guideline was taken from RCTs alone, whereas evidence of safety was sought from both RCTs and non RCT observational studies. When in development there was no evidence for dexmedetomidine for sedation in paediatric patients. Whilst this is an important observational study which concerns serious adverse events, there were no comparisons with another sedation drug. We do not feel that this evidence would therefore have an impact on the guideline recommendations.</p>

Comments received in the course of consultations carried out by NICE 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 submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

		http://hosppeds.aappublications.org/content/6/9/536	
Royal College of Nursing		Nurses with expertise in using sedation for diagnostic and therapeutic procedures have reviewed the proposal and have no comments to submit at this stage.	Thank you.
Royal College of Paediatrics and Child Health	Yes	The consensus statement from the APA was reviewed and the reviewer is in agreement with it.	Thank you for your comment.
Royal College of Emergency Medicine	Yes	<p>The Royal College of Emergency Medicine welcomes the review of this standard.</p> <p>Procedural sedation with ketamine in the Emergency Department is done in emergency situations, for short procedures, and to the minimum level necessary.</p> <p>The evidence for fasting reducing the incidence of vomiting during- and post-procedure aspiration is weak and contradictory. Rigidly applying a rule leads to long waits for children awaiting procedures in the emergency department for questionable benefit.</p>	Thank you for your comments.

Do you have any comments on equalities issues arising from this refresh?

Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery, Royal College	Not answered	No comments provided	Thank you.

Comments received in the course of consultations carried out by NICE 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 submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

of Surgeons of England, UK			
NHS England	Not answered	No comments provided	Thank you.
Royal College of Anaesthetists (in collaboration with the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI))	No	No comments provided	Thank you for your response.
Royal College of Nursing	Not answered	No comments provided	Thank you.
Royal College of Paediatrics and Child Health	No	No comments provided	Thank you for your response.
Royal College of Emergency Medicine	No	No comments provided	Thank you for your response.

© NICE 2018. All rights reserved. Subject to [Notice of rights](#).

Comments received in the course of consultations carried out by NICE 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 submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees