

Bilag 4: Samlet AGREE vurdering af NICE guideline

Titel: **Clinical practice guideline: *The management of inadvertent perioperative hypothermia in adults.***

National Collaborating Center for Nursing and Supportive Care commissioned by National Institute for Health and Clinical Excellence - April 2008

Bedømt af: **Carsten M. Pedersen, René Richard, Kirsten Andersen og Preben U. Pedersen**

Dato for sammenfattet bedømmelse: **16.07-2013**

Forud for bedømmelsen af den nationale eller den internationale kliniske retningslinje, skal det vurderes om de/det fokuserede spørgsmål er identiske med de fokuserede spørgsmål som stilles i den kliniske retningslinje.

Er de fokuserede spørgsmål identiske: JA X NEJ

Svares der NEJ kan den nationale eller internationale kliniske retningslinje ikke anvendes som baggrund for anbefalinger i den kliniske retningslinje.

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| Spørgsmål fra AGREE-Instrumentet | Helt enig | Enig | Uenig | Helt uenig | Kommentarer |
|---|-----------|------|-------|------------|--|
| Afgrænsning og formål | | | | | |
| 1. Den kliniske retningslinjes overordnede formål er klart beskrevet | XXXX | | | | <p>Beskrevet i afsnit 3, Aims of the Guideline:</p> <p><i>“To evaluate and summarise the clinical and cost evidence relating to all aspects of the prevention and treatment of Inadvertent Perioperative Hypothermia (IPH)”.</i></p> <p><i>“To formulate consensus recommendations shaped around available evidence and expert GDG opinion in those areas of prevention and treatment of IPH where there is no clear evidence base for clinical and cost effectiveness”.</i></p> |
| 2. De(t) kliniske spørgsmål, der er omfattet af den kliniske retningslinje, er klart beskrevet. | XXXX | | | | <p>Beskrevet i afsnit 10, Prevention of inadvertent perioperative hypothermia:</p> <p><i>“Are warming devices/mechanisms effective in preventing IPH in adults in the different phases of perioperative care?”.</i></p> |
| 3. Den patientgruppe, som den kliniske retningslinje omhandler, er klart beskrevet | XXXX | | | | <p>Beskrevet i afsnit 3, Who the guideline is for:</p> <p><i>“The guideline is of relevance to all adults undergoing surgery, carers for those people who are undergoing surgery ...”</i></p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|---|------|--|--|--|--|
| | | | | | <p><i>“Adults (over 18 years of age) undergoing elective and emergency surgery (including surgery for trauma), under general and regional (central neuraxial block) anaesthesia”.</i></p> |
| Inddragelse af interessenter | | | | | |
| 4. Den arbejdsgruppe, der har udarbejdet den kliniske retningslinje, indeholder personer fra alle relevante faggrupper. | XXXX | | | | <p>Beskrevet i afsnit 3.7, Guideline development group:</p> <p><i>“The guideline recommendations were developed by a multidisciplinary and lay Guideline Development Group (GDG) convened by the NICE-funded National Collaborating Centre for Nursing and Supportive Care (NCC-NSC) with membership approved by NICE. Members</i></p> <p><i>included representatives from patient groups, nursing, anaesthesia, surgery, research and the technical team from the NCC-NSC”.</i></p> <p>Samt under, Guideline development group membership and acknowledgements.</p> |
| 5. Patienternes synspunkter og ønsker er søgt inddraget. | XXXX | | | | <p>Beskrevet i afsnit 3.7, Guideline development group:</p> <p><i>“. Members included representatives from patient groups...”.</i></p> <p>Samt under, Guideline development group membership and acknowledgements.</p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|---|------|--|--|--|--|
| 6. Den kliniske retningslinjes målgruppe er klart defineret. | XXXX | | | | <p>Beskrevet i afsnit 3, Who the guideline is for:</p> <p><i>“The guideline is of relevance to all adults undergoing surgery, carers for those people who are undergoing surgery and all healthcare professionals/hospital workers who care for patients who are undergoing surgery at any point of the preoperative pathway”.</i></p> <p><i>“Adults (over 18 years of age) undergoing elective and emergency surgery (including surgery for trauma), under general and regional (central neuraxial block) anaesthesia”.</i></p> |
| 7. Den kliniske retningslinje har været afprøvet af målgruppen. | | | | | <p>Fremgår ikke af afsnit 5, Summary of development process.</p> <p>Det er et systematisk litteratur review.</p> <p>Ikke relevant</p> |
| Stringens i udarbejdelsen | | | | | |
| 8. Systematiske metoder er anvendt for at fremskaffe evidens. | XXXX | | | | <p>Fremgår af afsnit 5.2, Clinical effectiveness review methods:</p> <p><i>“This section describes the methods of reviewing that are common to all reviews of intervention studies and the methods used for the risk factors review. Further specific details are given in the individual reviews”.</i></p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|---|------|---|--|--|--|
| 9. Kriterier for at udvælge evidens er specifikt beskrevet. | XXXX | | | | <p>Fremgår af afsnit 5.3, 5.4, Submission of evidence</p> <p><i>"The GRADE approach was used to help devise evidence statements ..."</i></p> <p><i>"The GDG considered the combined evidence from each of the reviews in drafting the recommendations. This included consideration of all the clinical and cost effectiveness evidence; an indication of the factors the GDG took into account, including the balance between benefits and harms; the GDG's reasoning and conclusions, and, where relevant, the level of agreement amongst the group."</i></p> |
| 10. De metoder, der er anvendt til formulering af anbefalinger, er tydeligt beskrevet. | XXX | X | | | <p>Fremgår af bl.a. af afsnit 5.5, Formulating recommendations and determining key recommendations:</p> <p><i>"An evidence to recommendations chapter has been produced, summarising the evidence, describing GDG consensus discussions and detailing how the GDG interpreted the evidence, and how this led to the recommendations. The evidence to recommendations chapter illustrates the linear relationship between published clinical and cost effective evidence and recommendation for clinical practice"</i>.</p> |
| 11. De sundhedsmæssige fordele, bivirkninger og risici er taget i betragtning ved udarbejdelse af anbefalingerne. | XXXX | | | | <p>Fremgår af afsnit 5.5, Formulating recommendations and determining key recommendations:</p> <p><i>"This included consideration of all the clinical and</i></p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|---|------|--|--|--|--|
| | | | | | <i>cost effectiveness evidence; an indication of the factors the GDG took into account, including the balance between benefits and harms ... “.</i> |
| 12. Der er nøje sammenhæng mellem anbefalingerne og den evidens, der ligger til grund. | XXXX | | | | <p>Fremgår bl.a. af afsnit 5.5, Evidence to recommendation:</p> <p><i>“The evidence to recommendations chapter illustrates the linear relationship between published clinical and cost effective evidence and recommendation for clinical practice”.</i></p> |
| 13. Den kliniske retningslinje er blevet vurderet eksternt af eksperter, før den blev offentliggjort. | XXXX | | | | <p>Ikke explicit beskrevet. Det fremgår delvist af afsnit 5., 5.1 Methods used to develop the guideline:</p> <p><i>“Submit drafts (short version and full version) of guideline for feedback from NICE registered stakeholders</i></p> <p><i>Consider stakeholders comments (GDG)”</i></p> |
| 14. Der er beskrevet en procedure for ajourføring af den kliniske retningslinje. | XXXX | | | | <p>Fremgår af afsnit 17, Update of the guideline:</p> <p><i>“NICE clinical guidelines are updated as needed so that recommendations take into account important new information. We check for new evidence 2 and 4 years after publication, to decide whether all or part of the guideline should be updated. If important new evidence is published at other times, we may decide to do a more rapid update of some recommendations”.</i></p> |
| Klarhed og præsentation | | | | | |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | |
|---|---|-----|--|--|
| 15. Anbefalingerne er specifikke og entydige. | X | XXX | | <p>Fremgår af afsnit 4, Recommendations and evidence to recommendations:</p> <p><i>“1.2.2 Healthcare professionals should ensure that patients are kept comfortably warm while waiting for surgery by giving them at least one cotton sheet plus two blankets, or a duvet.</i></p> <p><i>1.3.4 In the theatre suite:</i></p> <p><i>the ambient temperature should be at least 21°C while the patient is exposed</i></p> <p><i>once forced air warming is established, the ambient temperature may be reduced to allow better working conditions</i></p> <p><i>using equipment to cool the surgical team should also be considered.</i></p> <p><i>1.3.5 The patient should be adequately covered throughout the intraoperative phase to conserve heat, and exposed only during surgical preparation.</i></p> <p><i>1.3.6 Intravenous fluids (500 ml or more) and blood products should be warmed to 37°C using a fluid warming device.</i></p> <p><i>1.3.7 Patients who are at higher risk of inadvertent perioperative hypothermia (see section and who are having anaesthesia for less than 30 minutes should be warmed intraoperatively from induction of anaesthesia using a forced air warming device.</i></p> |
|---|---|-----|--|--|

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|---|------|---|--|--|---|
| | | | | | <p>1.3.8 All patients who are having anaesthesia for longer than 30 minutes should be warmed intraoperatively from induction of anaesthesia using a forced air warming device.</p> <p>1.3.9 The temperature setting on forced air warming devices should be set at maximum and then adjusted to maintain a patient temperature of at least 36.5°C.</p> <p>1.3.10 All irrigation fluids used intraoperatively should be warmed in a thermostatically controlled cabinet to a temperature of 38–40°C.</p> <p>1.4.2 Patients should be kept comfortably warm when back on the ward.</p> <p style="text-align: center;"><i>They should be provided with at least one cotton sheet plus two blankets, or a duvet</i>”.</p> <p>Samt under afsnit 12, Evidence statements:</p> |
| 16. De forskellige muligheder for behandlingen af sygdommen (problemstillingen) er klart beskrevet. | XXXX | | | | Fremgår af afsnit 4, Recommendations and evidence to recommendations: |
| 17. De centrale anbefalinger er lette at identificere. | XXX | X | | | <p>Fremgår af afsnit 12, Evidence statements:</p> <p><i>”I Risk factors:</i></p> <p style="padding-left: 40px;"><i>D. Other</i></p> <p style="padding-left: 40px;"><i>E. Enviromental risk factors</i></p> <p><i>III Prevention of IPH</i></p> <p style="padding-left: 40px;"><i>A. Warming mechanism in the preoperative</i></p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|--|------|--|--|--|--|
| | | | | | <p><i>phase</i></p> <p><i>B. Warming mechanism in the intraoperative phase</i></p> <p><i>C Warming mechanism in the pre and intraoperative phases</i></p> <p><i>D Fluid warming</i></p> <p><i>E Warming of gases”</i></p> |
| 18. Den kliniske retningslinje er forsynet med redskaber til anvendelse. | XXXX | | | | <p>Fremgår af afsnit 15, Implementation.</p> <p><i>“NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/CG065).</i></p> <p><i>Slides highlighting key messages for local discussion.</i></p> <p><i>Costing tools:</i></p> <p><i>Costing report to estimate the national savings and costs associated with</i></p> <p><i>implementation</i></p> <p><i>Costing template to estimate the local costs and savings involved.</i></p> <p><i>Implementation advice on how to put the guidance into practice and national initiatives that support this locally.</i></p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|--|----|----|--|--|--|
| | | | | | <p><i>Audit criteria to monitor local practice”.</i></p> <p>Samt under afsnit 1. executive summary, Patient algorithm.</p> |
| Anvendelighed | | | | | |
| 19. Potentielle organisatoriske hindringer ved brug af anbefalingerne er diskuteret. | XX | XX | | | <p>Fremgår af afsnit 2.3, Organisational issues:</p> <p><i>“There should be an integrated approach to the prevention and management of IPH</i></p> <p><i>across the three phases of the perioperative patient experience, these being the preoperative, intraoperative and postoperative phases.</i></p> <p><i>Care should be delivered in a context of continuous quality improvement, where improvements to care following guideline implementation are the subject of regular feedback and audit.</i></p> <p><i>The healthcare team should have received appropriate training and have demonstrated their competence in the prevention and management of IPH.</i></p> <p><i>Commitment to and availability of education and training are required to ensure that all staff, regardless of their profession, are given the opportunity to update their knowledge, and are able to implement the guideline recommendations.</i></p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|--|------|----|----|--|---|
| | | | | | <p><i>Adult surgical patients should be cared for by personnel who have undergone appropriate training and who know how to initiate and maintain appropriate prevention and management of IPH. Staffing levels and skill mix should reflect the needs of patients.</i></p> |
| 20. Potentielle økonomiske konsekvenser ved at følge anbefalingerne er taget i betragtning. | XXXX | | | | <p>Fremgår af afsnit 13, Cost effectiveness analysis:</p> <p>“Tabel 6: cost of patient and fluid warming mechanisms”.</p> |
| 21. Den kliniske retningslinje indeholder vigtige vurderingskriterier (indikatorer) for monitorering og/eller auditformål. | | XX | XX | | <p>Fremgår delvist af afsnit 4, Recommendations and evidence to recommendations:</p> <p><i>“Throughout the guidance, ‘temperature’ is used to denote core temperature. The phrase ‘comfortably warm’ refers to the expected normal temperature range of adult patients, which is between 36.5°C and 37.5°C”.</i></p> <p><i>” ... ambient temperature management, active warming, fluid management and temperature monitoring and recording..”</i></p> |
| Redaktionel uafhængighed | | | | | |
| 22. Den kliniske retningslinje er redaktionelt uafhængig af den bidragydende organisation. | XXX | X | | | <p>Fremgår af afsnit 3.7, Guideline development group:</p> <p><i>“All members of the GDG were required to make formal declarations of interest at the outset. GDG members were also</i></p> |

CENTER FOR KLINISKE RETNINGSLINJER

- CLEARINGHOUSE

| | | | | | |
|--|------|--|--|--|---|
| | | | | | <i>asked to declare interests at the beginning of each GDG meeting”.</i> |
| 23. Der er redegjort for interessekonflikter blandt arbejdsgruppens medlemmer. | XXXX | | | | <p>Ikke explicit beskrevet. Det fremgår delvist af afsnit 5.5, Key recommendations, methodology:</p> <p><i>“The methodology allows individuals to work in the presence of others, but verbal interaction is prevented, enabling consensus to be developed without the</i></p> <p><i>social pressures normally exerted through open dialogue (Zastrow and Navarre 1977). Individual ideas are shared within the group, with facilitated discussion enabling the group to see how individuals are expressing their ideas. Normal practice is for the facilitator to then ask</i></p> <p><i>the group to prioritise, with aggregated rankings recorded. This methodology works extremely well towards the end of guideline development, particularly in relation to developing consensus agreement”.</i></p> |

Samlet vurdering:

Kvaliteten af afrapporteringen og udvalgte aspekter af anbefalingerne fra Clinical practice guideline: *The management of inadvertent perioperative hypothermia in adults*, NICE-guideline er systematisk og gennemarbejdet og der er enighed for anbefaling.

Vil du anbefale at den kliniske retningslinje anvendes i praksis? (sæt kryds)

Anbefales varmt: X

Anbefales (med forbehold eller ændringer)

Vil ikke anbefale:

Er i tvivl:

Hvis du ikke kan anbefale den kliniske retningslinje i sin nuværende form, er du da villig til at bedømme en revideret udgave?

Ja: Nej: