**Sepsis Management**

**National Clinical Guideline No.6**

**Consultation feedback form**

Consultation closing date:The deadline for comments is **Tuesday 7th January 2020 at 5pm** using feedback sheet via email to: **Sepsis.6@hse.ie**

**Introduction**

|  |
| --- |
| We would like to hear your views on the draft National Clinical Guideline No. 6 Sepsis Management (2020).All comments received on this form by the deadline will be considered and used to inform the final clinical guideline.Clinical guidelines are an important contributor to safe high quality healthcare. Good clinical guidelines help change the process of healthcare, reduce variation, improve outcomes for service users and ensure the efficient use of healthcare resources (NCEC p.6). The draft clinical guideline contains a number of recommendations, each with a statement of the evidence used by the Guideline Development Group when they formed the recommendation.Further information on the NCEC and National Clinical Guidelines is available from <http://health.gov.ie/national-patient-safety-office/ncec/> **Notes:** 1. Feedback received may be edited and/or summarised.
2. This consultation is conducted in line with requirements of the Freedom of Information (FOI) Acts as applicable and Data Protection requirements. Please note your submission may be published under this or in a report on the consultation. This may be on a website or in a document.
3. Submissions which are not attributable to an individual or group will not be considered.
4. Organisations making submissions should be aware of their obligations under the terms of the Regulation of Lobbying Act 2015.
 |

**Scope of draft clinical guideline**

|  |
| --- |
| This guideline is relevant to all clinical staff caring for adult patients (≥ 16 years) in the acute hospital setting. It is designed to guide clinical judgement but not replace it. In individual cases a healthcare professional may, after careful consideration, decide not to follow guideline recommendations if it is deemed to be in the best interests of the patient. Clinical decisions and therapeutic options should be discussed with a senior clinician on a case-by-case basis as necessary and documented in the clinical notes.  |

**How to submit your feedback**

|  |
| --- |
| How to submit your feedback:* All feedback must be submitted on this form if it is to be considered
* Ensure you have completed your details or your group’s details
* Identify clearly the recommendation your feedback relates to by identifying recommendation number and inserting your comments into aligned row
* Each comment should be in a separate box
* Specifically you must explain the rationale for your comment, which should be written clearly and concisely.
* Submit the form as a word document via email.
* Organisations should submit one collated response
* Use full terms for abbreviations on first use
* If you refer to sources of evidence, please detail the reference (with weblink if available)

  |

**Consultation questions**

|  |
| --- |
| This consultation focuses on how user friendly the document is, the content (evidence statements and recommendations) and the implementation of the draft guideline. 1. ***Content***
2. Do the recommendations cover the scope of the Sepsis Management Guideline?
3. Do the recommendations clearly link to the evidence presented or otherwise to best practice?
4. Does the draft guideline consider the views and needs of specific population groups?
5. Does the draft guideline consider gaps in current practice?
6. ***Implementation***
7. Is the guideline suitable for routine use as intended?
8. Which areas do you think may be difficult to put into practice? Please explain why.
9. What would help users to implement the guideline?
 |

***Please DO NOT provide editing, proofing feedback – the NEWS draft will be edited and proof-read before submission to NCEC***

**Your details**

|  |  |
| --- | --- |
| Name of person completing form |  |
| Organisation name |  |
| Are you commenting ….? (tick box) | € As an individual € On behalf of an organisation  |
| Organisation Name  |  |
| Contact Name (if different to above) |  |
| Contact Telephone Number |  |
| Contact Email Address |  |
| Date of feedback |  |

**Feeedback**

|  |  |
| --- | --- |
| **Section 1** | **Summary of Recommendations** |
| **1.1 Summary** | **Comment/feedback** |
| **Section 2** | **Development of the National Clinical Guideline** |
| **2.1 Background** | **Comment/feedback** |
| **2.1 Clinical and Financial impact**  | **Comment/feedback** |
| **2.3 Rationale for Guideline** | **Comment/feedback** |
| **2.4 Aims and Objectives**  | **Comment/feedback** |
| **2.5 Guideline Scope**  | **Comment/feedback** |
| **2.6 Conflict of interest statement** | **Comment/feedback** |
| **2.7 Sources of funding** | **Comment/feedback** |
| **2.8 Guideline methodology** | **Comment/feedback** |
| **2.9 Consultation summary** | **Comment/feedback** |
| **2.10 External Review**  | **Comment/feedback** |
| **2.11 Implementation**  | **Comment/feedback** |
| **2.12 Monitoring and Audit** | **Comment/feedback** |
| **Practical Guidance A** | **Comment/feedback** |
| **Practical Guidance B** | **Comment/feedback** |
| **Practical Guidance C** | **Comment/feedback** |
| **2.13 Plan to update this National Clinical Guideline**  | **Comment/feedback** |
| **Section 3** | **National Clinical Guideline recommendations** |
| **3.1 Key questions, evidence statements and recommendations** | **Comment/feedback** |
| **3.1.1 Recognition, Screening for Sepsis and Performance Improvement** | **Comment/feedback** |
| **3.1.2 Initial Treatment** | **Comment/feedback** |
| **3.1.3 Antimicrobial therapy** | **Comment/feedback** |
| **3.1.4 Source Control** | **Comment/feedback** |
| **3.1.5 Vasoactive medications** | **Comment/feedback** |
| **3.1.6 Corticosteroids** | **Comment/feedback** |
| **3.1.7 Blood Products** | **Comment/feedback** |
| **3.1.8 Immunoglobulins** | **Comment/feedback** |
| **3.1.9 Blood purification** | **Comment/feedback** |
| **3.1.10 Anticoagulants** | **Comment/feedback** |
| **3.1.11 Mechanical Ventilation** | **Comment/feedback** |
| **3.1.12 Sedation and Analgesia** | **Comment/feedback** |
| **3.1.13 Glucose Control** | **Comment/feedback** |
| **3.1.14 Renal replacement therapy** | **Comment/feedback** |
| **3.1.15 Bicarbonate therapy** | **Comment/feedback** |
| **3.1.16 Venous thromboembolism prophylaxis** | **Comment/feedback** |
| **3.1.17 Stress ulcer prophylaxis** | **Comment/feedback** |
| **3.1.18 Nutrition** | **Comment/feedback** |
| **3.1.19 Setting goals of care** | **Comment/feedback** |
| **3.2 Rehabilitation and post-discharge care** | **Comment/feedback** |
| **3.3 Budget impact analysis** | **Comment/feedback** |

|  |
| --- |
| **Please document and other relevant comments that you would like to make below. (Please detail below the page number, rationale and any supporting documentation)**  |