Circular HSC (SQSD) (NICE CG65) 11/17

For action by:
Chief Executive of HSC Board – for distribution to:
    All HSC Board Directors – for cascade to relevant staff
Director of Integrated Care, HSC Board – for cascade to:
    Head of Pharmacy and Medicines Management
    Family Practitioner Services Leads – for cascade to relevant
    Family Practitioner groups
Chief Executive of Public Health Agency – for distribution to:
    Director of Public Health and Medical Director – for cascade to relevant staff
    Director of Nursing and AHPs – for cascade to relevant staff
Chief Executives of HSC Trusts – for distribution to:
    Medical Directors – for cascade to relevant staff
    Directors of Nursing – for cascade to relevant staff
    Heads of Pharmaceutical Services – for cascade to relevant staff
    Directors of Acute Services – for cascade to relevant staff
    HSC Clinical and Social Governance Leads
    Directors of Social Services – for cascade to relevant staff
    Directors of Finance – for cascade to relevant staff
    AHP Leads – for cascade to relevant staff
Chief Executive, Regulation & Quality Improvement Authority – for cascade to:
    relevant independent healthcare establishments
Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers’ Forum

Summary of Contents: This guideline covers preventing and managing inadvertent hypothermia in people aged 18 and over having surgery. It offers advice on assessing patients’ risk of hypothermia, measuring and monitoring temperature, and devices for keeping patients warm before, during and after surgery. The addendum to this guidance has added new and updated recommendations on patients with communication difficulties, measuring temperature, warming patients before induction of anaesthesia and warming patients after induction of anaesthesia (sections 1.1, 1.2 and 1.3).

Enquiries: Any enquiries about the content of this Circular should be addressed to:
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Department of Health
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Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

SGU-NICEGuidance@health-ni.gov.uk

Circular Reference: HSC (SQSD) (NICE CG65) 11/17

Date of Issue: 06 February 2017

Related documents:
HSC (SQSD) 3/13

Superseded documents
HSC (SQSD) (NICE CG65) 13/09

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:
Available to download from
Dear Colleagues


The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

This circular updates and replaces HSC (SQSD) (NICE CG65) 13/09. Given the age of the original guidance, assurance will be sought in relation to the whole guideline.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.
To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
Appendix 1

Endorsed NICE guidance - Details from Departmental review

| Reference Number | NICE Clinical Guideline – CG65  
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Title</td>
<td>Hypothermia: prevention and management in adults having surgery - Addendum</td>
</tr>
<tr>
<td>Summary of guidance</td>
<td>This guideline was previously called Inadvertent Perioperative Hypothermia: The management of inadvertent perioperative hypothermia in adults (endorsed by DoH in February 2009).</td>
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<tr>
<td></td>
<td>It covers preventing and managing inadvertent hypothermia in people aged 18 and over having surgery. It offers advice on assessing patients’ risk of hypothermia, measuring and monitoring temperature, and devices for keeping patients warm before, during and after surgery.</td>
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<tr>
<td></td>
<td>This guideline includes recommendations on:</td>
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<tr>
<td></td>
<td>• information for patients</td>
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<td></td>
<td>• measuring temperature</td>
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<td></td>
<td>• warming patients before their operation, including transfer to the operating theatre</td>
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<td></td>
<td>• keeping patients warm during their operation, including ambient temperature in the operating theatre and temperature of intravenous fluids</td>
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<tr>
<td></td>
<td>• keeping patients warm after their operation</td>
</tr>
<tr>
<td>Related strategically relevant DoH/ HSC policies</td>
<td>None</td>
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<tr>
<td>Inter-Departmental interest</td>
<td>None</td>
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<tr>
<td>Legislative / policy caveats</td>
<td>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</td>
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