

National Institute for Health and Care Excellence

Stakeholder comments proforma – engagement exercise for quality standard on antibiotics for neonatal infection

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:	MRSA Action UK
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Please note: comments submitted are published on the NICE website.	
Would you like to express an interest in endorsing this quality standard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
Separately list each key area for quality improvement that you would want to see covered by this quality standard. EXAMPLE:	EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.	EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK. Individual programmes differ in the precise	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit

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<p>Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)</p>	<p>Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.</p>	<p>exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.</p>	
<p>Key area for quality improvement 1</p> <p>Patient information in the quality standard on antibiotics for neonatal infection</p>	<p>Understanding when it is appropriate to offer antibiotics is important in our view. MRSA Action UK can only comment as a patient group that has a lot of contact with patients who seek information on the treatment of MRSA and other healthcare associated infections. Patient information is very important and the NICE guidelines always provide very good guidance for patients.</p> <p>In the guideline reference is made to 'IFP55 for care of women and their babies during labour'. This is a very useful resource for patients and covers the risks of infection very well. One area that was not covered in relation to intrapartum</p>	<p>We believe it is useful for mums and their carers to be to be aware of infection risks, this can be an additional mitigating intervention, particularly if labour is prolonged and can involve changes in shift, mums-to-be are in a position to highlight risks if they are concerned.</p> <p>Being clear on any history of allergic reaction to penicillin is also important and should be documented in the patient guidance, due to risks of anaphylaxis and the affects to mother and baby.</p> <p>Being clear on antibiotic resistance and the risks associated with administering antibiotics also needs to be documented in the patient guidance.</p>	<p>Association of intrapartum antibiotic exposure and late-onset serious bacterial infections in infants. Pediatrics. 2005 Sep;116(3):696-702. PMID: 16140710 Authors: Tiffany S Glasgow, Paul C Young, Jordan Wallin, Carolyn Kwok, Greg Stoddard, Sean Firth, Matthew Samore, Carrie L Byington</p> <p>Maternal anaphylaxis and fetal brain damage after intrapartum chemoprophylaxis. J Perinat Med. 2004;32(4):375-7. PMID: 15346827 Authors: Alberto Berardi, Katia Rossi, Francesca Cavalleri, Angela Simoni, Lorenzo Aguzzoli, Giuseppe Masellis, Fabrizio Ferrari</p>

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
	care was cervical examination and any associated risks when the membranes have been ruptured after a given period of time.		
Key area for quality improvement 2			
Key area for quality improvement 3			
Key area for quality improvement 4			
Key area for quality improvement 5			

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

Closing date: Thursday 13 March 2014 5pm