

National Institute for Health and Clinical Excellence

CRITICAL ILLNESS REHABILITATION

Comments on the Scope

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
3. Please insert the **section number** in the 2nd column. If your comment relates to the document as a whole, please put **'general'** in this column. **Please refer to section numbers and not page numbers.**

	Name:	John Goddard, BPS NICE Coordinator
	Stakeholder Organisation:	BRITISH PAIN SOCIETY
Comment No.	Section number Indicate section number or 'general' if your comment relates to the whole document	Comments Please insert each new comment in a new row.
1	General	Anecdotally, pain, both widespread and localised, can be a major problem following critical illness. Neuropathic pain can be particularly difficult to treat. The aetiology of the pain is often unclear and could result from immobility, positioning, drug treatment, multi-organ failure, etc. Little or no research data are available. This is an area that requires investigation.
2	3 – f)	ITU follow-up clinics should assess for and flag up any on-going issues of Chronic Pain. Post surgical pain results in chronic pain in 5-25% (depending on definition) of patients. ITU patients are likely to have had multiple procedures and this figure could be higher. WA Macrae, HTO Davies. Chronic Postsurgical Pain. Epidemiology of Pain: Eds Ian Crombie et al. International Association for the Study of Pain. IASP Press, Seattle 1999.
3	4.4 – e)	Key Outcomes – Health related QoL will identify any on-going incapacity due to severe pain. If present, it contributes a significant impact to decreased QoL and economic cost.
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Closing date: [15 May 2008](#)