**Scottish Paediatric and Adolescent Rheumatology Network**

**Checklist for clinical guideline development, review and approval**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Process** | **Done** | **N/A** | **Date** | **Initials** |
| Literature search and review of available evidence | □ | □ |  |  |
| Review national and international guidance | □ | □ |  |  |
| Review previous guidelines/ask other centres if appropriate | □ | □ |  |  |
| Consult key stakeholders:  Medical staff  Specialist Nurses  Physiotherapists  Pharmacy  Patients and Families  Other | □  □  □  □  □  □ | □  □  □  □  □  □ |  |  |
| Collate information and produce draft guideline | □ | □ |  |  |
| Ensure guideline contains review date (max 3 years hence) | □ | □ |  |  |
| Submit to SPARN steering group for review (see Appendix 1) | □ | □ |  |  |
| Decision made by SPARN steering group | □ | □ |  |  |
| Guideline re-drafted and submitted to SPARN steering group | □ | □ |  |  |
| Final guideline accepted | □ | □ |  |  |
| Guideline posted on SPARN website & review date noted | □ | □ |  |  |

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section** | **Question** | **Yes** | **No** | **N/A** | **Date** | **Signature** |
| **Scope and Purpose** | 1. Has the author demonstrated a need for a clinical guideline adequately? 2. Are the overall objectives specifically described? 3. Are the clinical question(s) covered specifically described? 4. Are the patients to whom it is meant to apply specifically described? 5. Does the title accurately reflect the content and scope? | □  □  □  □  □ | □  □  □  □  □ | □  □  □  □  □ |  |  |
| **Stakeholder Involvement** | 1. Is there a clearly defined authorship? 2. Did the guideline development group include individuals from all relevant professional groups? 3. Are the target users of the guideline clearly defined? | □  □  □ | □  □  □ | □  □  □ |  |  |
| **Costs** | 1. Have the potential cost implications of applying the recommendations been considered? | □ | □ | □ |  |  |
| **Clarity and Presentation** | 1. Are the recommendations specific and unambiguous? 2. Are the key recommendations easily identifiable? | □  □ | □  □ | □  □ |  |  |
| **Review** | 1. Does the guideline contain a review date? | □ | □ | □ |  |  |

*NOTE*

*This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient’s case notes at the time the relevant decision is taken.*