**CPG Title**

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**See also**

hyperlinks to the most relevant (usually 2-3) related CPGs and/or important state/national resources

(further hyperlinks can be included in Additional notes at bottom)

**Key Points**

1. 3-4 key points: if a clinician only reads the key points section, what are the points of this CPG to ensure safe and effective management.
2. 3-4 key points
3. 3-4 key points
4. 3-4 key points

**Background**

No more than 1-2 paragraphs explaining what the condition is, preferably bullet points

* Define non-standard abbreviations
* Often information that doesn’t belong clearly in other sections of the CPG but is required to follow the guideline
* Don’t include Aetiolgy/biology, epidemiology etc unless specifically clinically relevant to decision making in the rest of the CPG

**Assessment**

Notes: usually follows format below, red flag features should be in red, can be presented in table form. Are there images or a video that would be helpful in the CPG – discuss with CPG early as can be developed)

**History**

* Usually bullet points
* Restricted to features specific to this topic, rather than more generic/standard history questions

**Examination**

* Usually bullet points
* Restricted to features specific to this topic, rather than more generic/standard examination e.g. vital signs

**Assessment of severity**

(if applicable – often table form eg https://www.rch.org.au/clinicalguide/guideline\_index/Bronchiolitis/)

Alternative heading is differential diagnosis, if applicable only

**Management**

Notes: Preferably including a flow chart, see flowchart template

**Investigations**

Can be a statement that no investigations are required, or similar, if appropriate

**Treatment**

Often covered by a flow chart, see flowchart template (powerpoint document)

* If Drug doses are required to be included, ensure consistent with the AMH, unless specific changes required (include references for these in reference list)
* Ensure vital related information is included e.g. requiring dedicated IV line, must be given over 1-2 hours etc
* See Recommendations for terminology, abbreviations and symbols used in medicines documentation

**Consider consultation with local paediatric team when**

Advice regarding escalation of care

Bullet points if more than 1

Occasionally there are specific indications for a subspecialist review that need to be separated out, this can be done by adding a subheading here eg

**Consider consultation with renal team when**

* aaa
* bbb

**Consider transfer when**

Advice regarding escalation of care beyond health service

Bullet points if more than 1

**For emergency advice and paediatric or neonatal ICU transfers, see** **Retrieval Services**

**Consider discharge when**

Advice regarding criteria for discharge and follow up

Bullet points if more than 1

**Parent information**

most applicable available, see Parent resources for commonly used resources

**Additional notes**

Additional helpful information if applicable

Last updated Month Year

***Reference List***

1. In a numbered list
2. In alphabetical order by author
3. Calibri 12
4. See Reference guidance document in Confluence http://webdocs.rch.org.au:8090/display/CPG/Approach+to+CPG+review