CPG style and formatting guide

For ease of reading, CPG style uses a standard approach detailed below and does not always adhere to formal grammatical rules.

Formatting

Follow CPG template formatting

- Use short simple phrases and sentences
- Avoid double negatives
- Tables if appropriate
- Avoid duplication
- Bullets points preferred

Subheadings

Subheadings should always be bold
- There should be no space between a subheading and the body of the text below
- Major subheadings (hierarchy 1) should be in size 14 font and dark red font, minor subheading in size 12 font and red for hierarchy 2, black for hierarchy 3
- The body of the text should be size 12 font

Full-stop/period

Full-stops/periods are only used when one sentence is followed by another
For the final sentence in a paragraph or list there should be no full-stop/period

Example ([Abdominal pain – acute](#))

Background

- The key consideration in acute abdominal pain is the differentiation between surgical and non-surgical causes
- Non-specific abdominal pain is very common but is a diagnosis of exclusion once red flags are considered. See Additional notes below for more details
- Symptoms in neonates may be attributed by parents as abdominal pain. A thorough examination and a broad differential should be considered in this group. See Unsettled baby

Lists: punctuation/capitalisation

Formatting of lists
- use bullet points unless there is a clear/specific reason for a number
- "Key points" sections should always be numbered
- "Background" sections should never be numbered
- Capitalisation of lists should be standardised
  - "Key points" lists should be capitalised
  - Bullet pointed lists should be capitalised if the list follows a subheading. If the bullet pointed list is a continuation of a sentence, then there is no need to capitalise (see Example 1 and 2 below)
- Punctuation of lists should be standardised
  - There should be no commas, semi-colons or full-stops at the end of any Key point or bulleted list

- Bullet points should all be of the same size, colour and shape
- This is the standard bullet point unless:
  - There are sub-lists in which case this is the standard bullet point
- However, sub-lists should be avoided where possible as it becomes difficult to read
- Ensure that all bulleted lists have the same alignment across the CPG

Do	Don't
•	▪

- There are two accepted forms of bulleted lists
  1. The second form is introduced by a subheading (see Example 1)
  2. The first form is introduced by a partial sentence followed by a colon (see Example 2)

Example 1

A subheading may introduce a list of related sentences. These subheadings should be emboldened
- The subheading should be in bold
- The sentences should be capitalised, even if they are not clauses. For ease of reading, the CPG style does not always adhere to grammatical rules
- They should not end in a full stop

Example 2
A list of items/investigations/facts can be introduced by using a partially completed sentence, followed by a colon. Each point completes the introductory sentence. These lists should have:
- no capitals at the start of each sentence
- no commas or semi-colons at the end of each sentence
- no and/or at the end of a sentence
- no full stop at the end of each sentence

Main (red) subheadings for **History**, **Investigations**, **Management**, **Treatment** should not have a colon. The introductory sentences "**Consider consultation with local paediatric team when**", "**Consider transfer when**", and "**Consider discharge when**" should also not have a colon. Any list following should follow Example 1**.**
If there is only one point under a heading, they are to be a sentence and not a bullet point eg Child requires care beyond the comfort level of the local hospital

Other
- **Bold** &/or **red** should be used for emphasis, if required. *Italics* and CAPITAL should not be used for emphasis
- Avoid the use of semi-colons

Full stop (.)-abbreviations and acronyms

Don't use full stops for abbreviations or acronyms.

Place a comma before *ie* and *eg*. In formal communications, it is best to write *for example* instead of *eg*.

Do	Don't
NSW	N.S.W.
RCH	R.C.H.
ie	i.e.
eg	e.g.
etc	etc.

En dash (-)

- For spans of figures, time and distance
- To show an association between words that retain their separate identities (eg a parent–child relationship).

Do	Don't
200-300	200 to 300
2-3pm	2pm to 3pm
April-May	April to May
a parent-child relationship	a parent/child relationship
hand-eye coordination	hand-eye coordination

Em dash (—)

- Only used occasionally, preference for colons or brackets
- Used between phrases eg

Examination

- Obtain vital signs
- Obtain weight
- Assess hydration level based on a combination of signs (see Assessment of severity table below)
  - Children with mild dehydration have no clinical signs. They may have increased thirst and/or reduced urine output
  - More numerous/pronounced signs indicate greater severity
  - For clinical shock, one or more of these signs will be present – reduced conscious state, tachycardia, tachypnoea, hypotension, weak peripheral pulses, mottled/cold peripheries, acidosis
  - If in doubt, manage as if dehydration falls into the more severe category

Hyperlinks
Links to other RCH CPGs
References to internal guidelines should always be hyperlinked

"See also" shows ideally 2–3 links, however some guidelines may benefit from more

Hyperlinks to internal guidelines should be standardised

- The preferred format is: See <u>Hypoglycaemia</u>
- When referring to an internal CPG, the words "CPG" or "guideline" should not follow. Additionally, the underlining/hyperlink of the CPG should not span beyond the word
- Links should not be in quotation marks
- The first letter of the guideline should be the **only** capitalised letter first word of a hyperlink, but if it forms part of a sentence, it should not be capitalised

Do	Don't
See <u>Abdominal pain – acute</u> The cause of a seizure can be managed by addressing <u>hypoglycaemia</u>	See <u>Abdominal Pain – Acute</u> See <u>Hypoglycaemia</u> CPG <u>Hypoglycaemia guideline</u> <u>Hypogylcaemia</u> See "<u>Abdominal pain – acute</u>"

Links to tables or flowcharts within the guideline
Links within the document itself can be to tables, images, flowcharts or sections for the reader to refer to. These links:

- Need to be flagged with a <u>comment</u> for IT to make the appropriate link on the webpage
- The preferred format should follow the format for the links to other RCH CPGs outlined above

Tables
Tables can be a useful way of summarizing information. They should follow a standardised format.

- Headings should be **in bold black colour**
- The title of the table should just be a description of the table – there is no need to include table numbers
- Links can be provided within the guideline to the tables as described above
- The first row of the table should be in bold, the rest in standard font
- The first row should be grey in background, the rest should have white background
- Font size should be the same as the main body of the text

This is an example table

Assessment	Management

Red flag features can be red in the table Otherwise the font should be black	<u>Hyperlinks</u> can be provided to other CPGs or to other tables / flowcharts within the document Bullet points should be avoided in tables unless it is confusing without them

Flowcharts

Flowcharts can be used to summarise an assessment → investigation → management pathway, or branch to differential diagnoses. They follow a standardised format (see flowchart template)

Terminology

Ensure that terms applied are consistent across the guideline eg use only one of prepubertal, preadolescent or young girl

Some terminology is preferred in the context of CPG for clarity and consistency. For example:

- **Altered conscious state** should be used, not GCS, unless referring to head injury
- **Haemodynamic instability** should be used, not haemodynamic compromise or cardiovascular dysfunction/instability/compromise
- **Treatment** should be used, instead of "therapy"
- **Investigations** should be used, instead of "tests" or "bloods" or "labs"
- **Child/children, infant, young person/people** should be used, instead of "patient", baby, teenager
- Senior clinician should be used

Avoid RCH or state specific terms or information, use terms appropriate for all states

Abbreviations

Abbreviations should be standardized across CPGs. See Glossary for standard abbreviations and acronyms

Abbreviations and acronyms are useful to make a guideline succinct, however we need to be sure that the guideline remains clear.
- The common abbreviations can be used without prior reference to the longer form (ie FBE can be used without first referring to "full blood examination")
- For all other abbreviations or acronyms, the longer form needs to be explicit in the first instance, with the appropriate abbreviation used in brackets immediately afterwards. Thereafter, the abbreviation may be used
- Body systems and hormones with standard abbreviations may be an exception to this rule. These include:
    - CVS
    - CNS

Do	Don't
cystic fibrosis (CF)	CF
Kawasaki disease (KD)	KD

Department and position terminology

When referring to seniority within medical teams, the preferred term is "senior clinician" rather than synonyms such as "senior doctor" or "senior staff"

When referring to subspecialist advice the preferred term is "expert advice" rather than "specialist advice"

Clinical units and job titles **should not** be capitalised

Do	Don't
paediatric surgery, haematology	Paediatric Surgery, Haematology
ophthalmologist, paediatrician	Ophthalmologist, Paediatrician
senior clinician	senior doctor, senior staff

Numbers, units and routes: common examples
See [Australian Safety and Quality Commission Paper](#)

Formatting of numbers

Do	Don't
<12	< 12, less than
12 mg	12mg
12 mg/kg	12 mg /kg, 12mg/kg
6–12	6 - 12, 6- 12, 6 -12
12 hours	11years, 12hours
0.5 mg	.5 mg
SpO$_2$ 90-94%	SpO$_2$ 90-94

A

Abbreviation of units

Do	Don't
microg	mcg
mL	ml

Abbreviations for timeframe

Do	Don't
day 1	D1
1 yo	1yo
1 year	1 yr
years old	years-old
2 hours **or** 2 hr	2 h

Do	Don't
25 min 25 sec	25 mins 25 secs

Superscript/subscript numbers in units/scientific terms

Do	Don't
O_2, SaO_2, FiO_2, SpO_2, $MgSO_4$	m2, O2, SaO2

Abbreviations

Do	Don't
subcutaneous, subcut	SC
intranasal	IN
oral	PO
tds/bd/qid	TDS/BD/QID
IV	i.v.
IM	i.m
sodium chloride 0.9%	N/Saline or NS
glucose 5%	dextrose 5%, 5% dextrose
6 hourly	Q6H, 6 hrly