

Purpose

This guideline is to provide guidance on developing a clinical practice guideline on behalf of ACNN. ACNN define Clinical Practice Guidelines (CPGs) as being “*evidence-based statements that include recommendations intended to optimise patient care and assist health care practitioners to make decisions about appropriate health care for specific clinical circumstances*”¹.

ACNN is the peak professional body for neonatal nurses in Australia and supports the development and use of CPGs and endorses the National Health and Medical Research Council (NHMRC) standards for development of clinical guidelines²:

- Standard 1: Be relevant and useful for decision making
- Standard 2: Be transparent
- Standard 3: Be overseen by a guideline development group
- Standard 4: Identify and manage conflicts of interest
- Standard 5: Be focussed on health and related outcomes
- Standard 6: Be evidence informed
- Standard 7: Make actionable recommendations
- Standard 8: Be up to date
- Standard 9: Be accessible

Steps to developing an ACNN clinical practice guideline

Step 1: A branch, SIG, or other group of ACNN members identifies a need for a National Guideline on a topic, after determining that there is not a suitable document available and/or there is a gap in clinical practice recommendations. This determination is made after a review of peer-reviewed and other literature.

Step 2: The group contacts the ACNN Professional Officer (theprofessionallofficer@acnn.org.au) and discusses the proposed topic and ascertains in-principle support for the guideline.

Step 3: The group develops a concept paper for submission to the National Executive (thesecretary@acnn.org.au) for approval. The concept paper should be concise, succinct and needs to outline a brief introduction to the topic, a problem statement, benefits of having a guideline for this problem, proposed guideline development team/group, proposed timeline, proposed budget (if applicable), and proposed ideas for distribution and accessibility.

Step 4: Following approval from the National Executive the guideline development process commences.

- Establish the guideline development team by identifying potential conflicts of interest and planning how to manage these, and set timeline and meeting schedule
- Determine topic, scope, and purpose of the guideline
- Assess and plan for distribution and advertising of the guideline

¹Institute of Medicine. Graham R, Mancher M, Wolman DM, Greenfield S, Steinberg E, editors. Clinical practice guidelines we can trust. Washington (DC): National Academies Press, 2011; p2.

²NHMRC Standards for Guidelines. Guidelines for Guidelines. [NHMRC](http://www.nhmrc.gov.au) .
[Australian College of Neonatal Nurses Inc.](http://www.acnn.org.au)

Step 5: Develop a plan for reviewing current practice guidelines, clinical pathways, and educational resources relating to the topic. Sites recommended but not limited to include the National Guideline Clearing House, National Institute for Health and Clinical Excellence (NICE), New Zealand Guidelines Group, Scottish Intercollegiate Guidelines network, and the National Health and Medical Research Council.

Step 6: Undertake a search of the literature. If possible, consult/work with a librarian to assist with a developing a search strategy; also, there are some useful video tutorials on YouTube. An example is [HERE](#). In preparation for searching, use the PICO(T) format to focus the intent of the search around a well thought out formulated research question.

Population or Patient or Problem. Who is your patient? What are the most important characteristics of your population or patient (i.e. disease, health status, age, race, sex). An example of patient and problem is neonates with pain.

Intervention or Exposure. What do you plan to do the for patient? (i.e. specific tests, therapies, medications). An example of an intervention is to provide sucrose for pain relief. Which exposure are you looking at? (i.e. smoking, violence, fetal scalp electrode).

Comparison. What is the alternative to your plan? (i.e. no treatment, different type of treatment). An example is to compare the effect with use of a placebo/breastmilk. Sometimes there is no comparison.

Outcome. What outcome do you seek? (i.e. less symptoms, improved or no symptoms). An example is improved clinical pain scores. What do you hope the intervention will achieve?

Time (not always used). What is the timeframe?

Select studies and synthesise the evidence. The [Equator Network](#) is a useful resource for providing reporting guidelines for main study types. These can be used for when reading studies – do they report all aspects clearly as outlined in the guideline checklists.

It is also important to assess the certainty of the data and the risk of bias. A systematic review of tools to assess risk of bias is available [here](#).

Step 7: Formulate the guideline. Appendix 1 provides a template to assist with structure of guideline.

Step 8: Engage key stakeholders including consumers and subject matter experts in the consensus of opinion and reviewing of drafts.

Step 9: The drafted Clinical Practice Guideline is emailed to the National Executive (thesecretary@acnn.org.au) for review, feedback or approval (please allow for up to 8 weeks to receive feedback).

Step 10: Following approval, notification to members and accessibility will commence. The guideline will be uploaded to the ACNN website.

As a general rule the guideline will require review for relevance and accuracy every three years, and no later than 5 years.

Appendix 1

Clinical Practice Guideline Template

Guideline Title

Introduction

A primary definition of the guideline topic and a brief summary of any relevant background information

Aim

- Define the aim of the guideline
- Define the patient group to whom the guideline applies
- Define the target area for which the guideline applies

Definition of Terms

Define any terms referred to in the policy that are not commonly understood, or that need to be clarified in the context of the guideline.

Assessment

As relevant, examples include:

- Patient History
- Physical
- initial acute
- ongoing assessment
- Investigations – biochemistry, procedures
- Social history/issues
- Nutrition

Management (consider using clinical algorithms)

As relevant, examples include:

Acute

- acute management
- consider community management of acute conditions

Ongoing management

- Ongoing management
- Potential complications/complications
- Management complications/troubleshooting
- Community-based management

Follow-up / Review

Incorporate family-centred care

Companion Documents

- parent information (e.g. Kids Health Info)
- procedures
- assessment tools
- training and learning packages

Links

Include relevant links:

- Related web sites (consumer, clinician)
- Parent support groups
- National / professional bodies