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| **Checklist for UPDATED clinical guidelines requiring approval** |

Please refer to the [NHSGGC Clinical Guideline Framework](https://clinicalguidelines.nhsggc.org.uk/clinical-guideline-toolkit/nhsggc-clinical-guideline-framework/) and supporting documents for assistance on completing this checklist. You can also contact clinical.guidelines@ggc.scot.nhs.uk if you would like any additional support with the checklist or clinical guideline approval process. **PLEASE NOTE: the checklist should be downloaded for completion**

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| **Section (A) – Clinical Guideline Information** |

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| **Name of Clinical Guideline** (Drug Name/ Procedure, Condition, Patient Group, Scope)       | **Date of next review**:       |

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| **Name of Lead Author**:       | **Designation**:       |
| **Email**:       |

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| **Section (B) – Guideline Review and Update** |

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| **Which Clinical Guideline does this updated version replace** |
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| **Which key stakeholders were involved in the review/ update of this guideline?** *Please provide the names of colleagues and/or groups/ committees who helped to update this guideline* |
| **1.**  | **4.**  |
| **2.**  | **5.**  |
| **3.**  | **6.**  |

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| **Changes to Clinical Guideline Content/ Advice/ Drugs** *please provide below a full description of* ***ALL*** *clinical changes made to the guideline* |
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| **Any additional minor changes to guideline** *please provide below a full description of* ***ALL*** *changes made to the guideline* |
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| **Rationale for changes made to Clinical Guideline Content/ Advice/ Drugs** *Please provide below an explanation of your rationale for the changes to the clinical guideline* |
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| **Is the guideline related to the prescription or administration of drugs/ medicines information?** |
| Yes [ ]  [ ]  | No [ ]  [ ]  | If Yes, [ ] has a pharmacist been involved in the development/ review of the guideline | Yes [ ]  | No [ ]  |
| If Yes, should the guideline be made available on the therapeutics handbook | Yes [ ]  | No [ ]  |

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| **Does the clinical guideline contain hyperlinks?** | Yes [ ]  No [ ]  |
| If Yes, have you reviewed the links and can confirm you are comfortable with the content? | Yes [ ]  | No [ ]  |

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| **How do you plan to disseminate and implement this guideline within NHSGGC?** *All guidelines will be included on the Clinical Guideline Platform and disseminated by the Clinical Governance Related Publication monthly update* |
| Guideline champion[ ]  | Education and training [ ]  | Link to existing networks [ ]  | Reminders [ ]  | QR code [ ] *CGSU can provide* | Audit & feedback [ ]  | Other [ ] Please provide details       |

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| **Section (C) – About your guideline**  |

The Clinical Guideline Platform where your guideline will be hosted is organised into Toolkits (please see guidance document for more information). If you require changes to where the guideline is hosted, please use the drop down menu below to indicate which toolkit(s) is most appropriate. If you are unsure, then please contact us at clinical.guidelines@ggc.scot.nhs.uk

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| **Guideline Toolkits:** *please choose 1 Main Toolkit and no more than 4 additional toolkits.*  |
| **Main toolkit** | **Additional toolkit 1** | **Additional toolkit 2** | **Additional toolkit 3** | **Additional toolkit 4** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Subtoolkit** | **Subtoolkit** | **Subtoolkit** | **Subtoolkit** | **Subtoolkit** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

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| **TAG – What areas are your guideline applicable to?** *this will help us to determine the appropriate approval group(s) for your guideline so please tick all that apply.*  |
| NHSGGC Wide | Acute | Primary Care & Community | Mental Health | Women & Children | Medicines/Pharmacy | Infection Control |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Other** *if your guideline is applicable to an individual Sector/ Directorate/HSCP or individual department/service/specialty/site only, please advise which*       |
| **Rationale** *please advise the reasoning for this being applied locally only*       |

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| **Clinical Guideline Search Terms** *please provide below a list of search terms (please see guidance document)* |
| Search Terms:       |

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| Guideline Approved [ ]  | Guideline Approved with provisos [ ]  | Guideline not approved [ ]  | Date       |
| Name of Approving Group: | Choose an item. |