

Checklist for UPDATED clinical guidelines requiring approval

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

Section (A) – Clinical Guideline Information

Name of Clinical Guideline (Drug Name/ Procedure, Condition, Patient Group, Scope)	Date of next review: <input type="text"/>
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Name of Lead Author:	Designation:
Email:	

Section (B) – Guideline Review and Update

Which Clinical Guideline does this updated version replace

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.

Changes to Clinical Guideline Content/ Advice/ Drugs *please provide below a full description of **ALL** clinical changes made to the guideline*

Any additional minor changes to guideline *please provide below a full description of **ALL** changes made to the guideline*

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*

Is the guideline related to the prescription or administration of drugs/ medicines information?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, has a pharmacist been involved in the development/ review of the guideline	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If Yes, should the guideline be made available on the therapeutics handbook	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

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 <input type="checkbox"/>	Education and training <input type="checkbox"/>	Link to existing networks <input type="checkbox"/>	Reminders <input type="checkbox"/>	QR code <input type="checkbox"/> <i>CGSU can provide</i>	Audit & feedback <input type="checkbox"/>	Other <input type="checkbox"/> 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 ggc.clinical.guidelines@nhs.scot

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.

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*

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

Search Terms:

Guideline Approved <input type="checkbox"/>	Guideline Approved with provisos <input type="checkbox"/>	Guideline not approved <input type="checkbox"/>	Date
Name of Approving Group:	Choose an item.		