

The guideline writer's ABC

<i>A</i> ctive tense	<i>give positive guidance</i>
<i>B</i> revity	<i>be concise</i>
<i>C</i> larity	<i>be precise</i>
<i>D</i> etail	<i>define and be specific</i>
<i>E</i> mphasis	<i>use selectively</i>
<i>F</i> ormat	<i>be consistent</i>

Active tense

Prefer active recommendations to passive statements

A nasogastric tube **should normally be introduced** if the patient is unconscious, and the stomach **aspirated**

should read

If patient unconscious, **insert** nasogastric tube and **aspirate** stomach **contents**

Active tense

Prefer active recommendations to passive statements

When pain is controlled on oral medication **the patient may be discharged** with a small supply (3 - 4 days) of analgesics. **Parenteral opiates should not be given as discharge medication**

should read

- Discharge **home** once pain controlled on oral medication
- **Provide** 3 - 4 day supply of oral analgesic
- **Do not prescribe** parenteral opioids **TTO**

Brevity

Be concise

- *Ask patient, relatives, GP, ambulancemen. Retain any containers found*
- *Secure and maintain airway*
- *Stop any regular medication that might enhance the effect of the substance taken in overdose*
- *Monitor conscious level, temperature, respiration, pulse and BP until they return to normal*

Brevity

Use bullet points

Patients presenting with diabetic keto-acidosis will complain of thirst and increased passage of urine. On examination, they will usually appear dehydrated, flushed and drowsy (or even comatose), they will manifest Kussmaul respiration, and their breath will smell of ketones

Recognition and assessment

Symptoms

- Thirst
- Polyuria

Signs

- Flushed appearance
- Sighing respiration (Kussmaul breathing)
- Odour of ketones on breath
- Dehydration
- Drowsiness
- Coma

Brevity

Remove all redundant words

Following are high risk factors.

If more than one is present, the patient is a high risk bleeder.

- Increasing age, age > 60
- Shock at presentation (pulse rate of more than 100 beats/minute and systolic blood pressure less than 100 mm Hg)

If more than one of following risk factors present, patient is at high risk:

- Age >60 yr
- Heart rate >100/min and systolic BP <100 mmHg at presentation

Clarity

Consider whether words will be understood by those whose first language is not English

- Aspirin 300 mg (chew, **macerate** and swallow)

Macerate = to steep or soak; to soften, break up or separate into pulp, by steeping

A clearer alternative would be

- Aspirin 300 mg (chew **thoroughly**, and swallow)

Clarity

Avoid ambiguity and chance of misinterpretation

- Nurse patient at 30-40°

should read

- Nurse patient at angle of 30-40° to horizontal, head upmost

Clarity

Make guidance unambiguous

Once pain is controlled analgesic regime should be assessed **at least once a day** and **doses tapered accordingly**.

A crisis usually lasts approximately a week. Oral analgesia **may be commenced as doses are tapered**.

- **Painful crises** usually last **about 1 wk**
- Once pain controlled, **reassess analgesic regimen daily**
- Taper dosage **gradually**, changing to **oral morphine** as dosage reduced (**1 mg sc diamorphine = 3 mg oral morphine**)

Detail

Avoid instructions that require judgement without explaining how this should be exercised

For example:

Exercise caution

Give slowly

Monitor frequently

Only in extreme circumstances

Transfuse blood

Avoid overaggressive fluid replacement

Detail

Avoid unnecessary detail that may be of interest but does not guide

Causes of acute upper gastrointestinal haemorrhage

<i>Diagnosis</i>	<i>Frequency (%)</i>
Peptic ulcer	35-50
Gastroduodenal erosions	8-15
Oesophagitis	5-15
Mallory-Weiss tear	15
Varices	5-10

Detail

Spell out important details

For example:

- *Compare plasma paracetamol with treatment graph (at end of guideline)*
- *If above, on, or even slightly below the 'treatment line', give iv acetylcysteine in glucose 5%:*
 - *150 mg/kg in 200 mL over 15 min; then*
 - *50 mg/kg in 500 mL over 4 hr; then*
 - *100 mg/kg in 1 L over 16 hr*

Detail

Define eponymous terms

- Haemorrhagic lesions
 - Mucocutaneous petechiae
 - Janeway lesions
 - Roth spots
 - Splinter haemorrhages
- Haemorrhagic lesions
 - Mucocutaneous petechiae
 - Janeway lesions (painless, macular plaques most frequently seen on the palms and soles of the feet)
 - Roth spots (small, retinal haemorrhages with pale centres, seen near the optic nerve)
 - Splinter haemorrhages

Emphasis

- *Use emboldened text and boxed comments sparingly*
- *Use diagrams and tables*
- *Use bullet points*
- *Avoid underlining*
- *Avoid italics*

Emphasis

- **Notify** cases of meningococcal sepsis to Consultant in Communicable Disease Control
- CSF — in all patients with fever, headache and meningism, **EXCEPT** in the presence of raised intracranial pressure (ie disc oedema, any localising neurological features, and loss of normal conscious level)

Seek cardiology advice before giving any anti-arrhythmic drug iv

Format

Adopt a standard format for:

- *Headings*
 - *Symptoms, Signs, Investigations, Management*
- *Bullets*
- *Punctuation*
- *Abbreviations*
 - *hr, IV, FBC, kPa*
- *Commonly used terms*
 - *dyspnoea, X-ray*
- *Cross-references to other guidelines*
 - *see **Myocardial infarction** guideline*

Format

Prescribing instructions

Give indometacin 25 mg orally 8 hrly

Give sodium bicarbonate 1.26% iv 500 mL/hr for 3 hr

Sentence construction

The process may be repeated if there is no response

should read

If no response, repeat procedure

Contact gastroenterology team for advice on management if needed,
having followed the guidelines below

Wrong place and wrong order