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| **Title** |

|  |  |  |  |
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| Description | Clinical guideline | | |
| Author(s) (names and job titles) |  | | |
| Main contact email  (Substantive staff member, to be used for future guideline review) |  | | |
| Ratification Group (e.g. clinical network) |  | | |
| Date of Ratification |  | | |
| Signature of ratifying Group Chair |  | | |
| Relevant national or international guidance e.g. NICE, SIGN, BTS, BSPED |  | | |
| Final PIER approval committee | | Approval date | |
| Children’s Hospital Policy Review Group (UHS) | | CHPRG to input | |
| Version | | Publication date | Next review due |
| 1 | | CHPRG to input | CHPRG to input |

# Version control

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| --- | --- | --- | --- | --- |
| Date | Consultation / Comments | Version created | Page | Key changes |
|  | State who comments were received from following consultation | Version |  | Summarise most recent changes. Include whether this replaces or revises an existing document. |
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# Flow Chart

# Introduction

# Scope and purpose

# Definitions

# Details of policy/procedure to be followed

# Communication and training plans

# Process for monitoring compliance

The PIER network will review problems associated with this guideline through governance process.

# Document review

Guideline to be reviewed after three years or sooner as a result of audit findings or as any changes to practice occurs.

# References

**Appendix (if required**