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**“Insert Guideline Title”**

|  |  |
| --- | --- |
| **Version:** |  |
| **Approval Committee (eg Clinical network):** |  |
| **Date of Approval:** |  |
| **Signature of approving Group Chair** |  |
| **Ratification Group:** | Children’s Services Review Group, University Hospital Southampton |
| **Date of Ratification:** | CSRG to input |
| **Signature of ratifying Group Chair** | John Pappachan  Chair of Children’s Services Review Group |
| **Author’s and job titles** |  |
| **Date issued:** | CSRG to input |
| **Review date:** | CSRG to input |
| **Key words:** |  |
| **Main areas affected:** |  |
| **Other stakeholders consulted e.g. other clinical networks, departments** | Wessex PIER Regional Guideline Governance Group |
| **Summary of most recent changes (if updated guideline):** |  |
| **Relevant national or international Guidance eg NICE, SIGN, BTS, BSPED** |  |
| **Consultation document completed: see Appendix A** |  |
| **Total number of pages:** |  |
| **Is this document to be published in any other format?** | On line |

|  |
| --- |
| **Does this document replace or revise an existing document?**  If so please identify here which document/s |

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**Flow-chart**

Please use the flow chart format downloadable from PIER website guidelines page. Help in formatting can be provided as required.

**1**

**1.1** **Introduction**

To be completed

**1.2 Scope**

This guideline applies to all paediatric patients in the region but not to neonates on neonatal units.

**1.3 Purpose**

The purpose of this guideline is to describe to provide a standardised approach to the initiation of HFNO (update as required).

**1.4 Definitions**

To be completed

**2 Additional headings as required eg procedures to be followed or chart titles**

To be completed

**3 Implementation**

This guideline will be made available regionally on the PIER Website. Local leads for critically ill children will disseminate guideline and raise awareness locally.

**4 Process for Monitoring Effectiveness**

The Wessex Paediatric Critical Care Network (update as required) will review problems associated with a failure to comply with this guideline through its regional governance process.

**5 References**

**Appendix A**

**Paediatric Regional Guideline Consultation Documentation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trust** | **Name of person consulted\* (print)** | **Designation of signatory** | **Signature** |
| Chichester |  |  |  |
| Dorchester |  |  |  |
| Hampshire Hospitals Foundation Trust |  |  |  |
| Poole |  |  |  |
| Portsmouth |  |  |  |
| Salisbury |  |  |  |
| Southampton |  |  |  |
| IOW |  |  |  |

\*this person agrees they have read the guidelines, consulted with relevant colleagues and members of MDT, managers and patients, young people & their families as appropriate. Any queries raised during consultation and review process should be documented with responses and any changes made to guideline.