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| **Title** |

|  |  |
| --- | --- |
| 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**