

# CHECKLIST FOR CLINICAL GUIDELINES

Complete ALL sections

## CLINICAL GUIDELINE INFORMATION

<p><b>Name of the Clinical Guideline:</b></p> <p style="text-align: center;"><u>Anticipatory Care Planning for Care Home Residents</u> <u>Roles and Responsibilities</u></p> <p><i>This <b>MUST</b> be in line with the naming convention: Drug name / Procedure, Condition, Patient Group, (Scope)*</i></p> <p><i>Refer for guidance to <b>Key List of Terms (MESH)</b> available on Website</i></p> <p><i>*Scope = primary care referral / acute care / specialty or service /general use/specific professional group e.g.</i></p> <ul style="list-style-type: none"><li>• Glycaemic Control in Adults with Type 1 Diabetes (acute)</li><li>• Antifungal Agent Selection Guideline for Invasive Fungal Infections in Adult Patients (acute general ward)</li><li>• Methotrexate Administration pathway for Gastroenterology patients (acute day unit)</li><li>• Constipation in Children Guideline for management (paediatric outpatients)</li></ul>	<p><b>Please specify the review date for the Clinical Guideline:</b></p> <p style="text-align: center;">17/01/2021</p> <p><i>The review date <u>must not exceed 3 years</u> from date of guideline development</i></p>
<p><b><u>Lead Author of the Clinical Guideline</u></b></p> <p><b>Name:</b>                   Iain Hathorn</p> <p><b>Designation:</b>    <b>Clinical Director in Primary Care</b></p> <p><b>Email:</b>                    Iain.Hathorn2@lanarkshire.scot.nhs.uk</p> <p><b>Telephone number:</b>   <b>01555 777413</b></p> <p><b>Department:</b></p> <p><b>Directorate:</b>            South CHP</p> <p><b>Work address:</b>        Carluke Health Centre</p>	<p><b><u>Head of Department</u></b></p> <p><b>Name:</b></p> <p><b>Designation:</b></p> <p><b>Email:</b></p> <p><b>Telephone number:</b></p> <p><b>Department:</b></p> <p><b>Work address:</b></p>

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## CLINICAL GUIDELINE CLASSIFICATION *(please tick all that apply)*

Please note: The **primary search** of the NHS Lanarkshire Clinical Guideline Resource will be on the **clinical guideline title**.  
To enable easier storage and retrieval of the clinical guideline, please **tick all** that apply from the classification below.

<b>Acute Services Division</b>	All Acute <input type="checkbox"/>	HM <input type="checkbox"/>	MK <input type="checkbox"/>	WGH <input type="checkbox"/>	Associated Hospitals <input type="checkbox"/>	<b>Health and Social Care Partnerships</b>	Both CHPs / HSCPs <input checked="" type="checkbox"/>	North CHP / HSCP <input type="checkbox"/>	South CHP / HSCP <input type="checkbox"/>
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**THE NAME OF THE SERVICE / SPECIALTY YOU TICK BELOW WILL BE USED AS A KEY SEARCH TERM - if the name of your service is not included or you refer to your service using another term ( e.g. care of the elderly – you regularly use geriatrics) can you provide the term: .....**

Service / Specialty	Service / Specialty	Service / Specialty	Service / Specialty
Acute Pain <input type="checkbox"/>	Endoscopy <input type="checkbox"/>	Minor Injury & Nurse Treatment <input type="checkbox"/>	Psychiatry <input type="checkbox"/>
Addictions <input type="checkbox"/>	ENT Surgery <input type="checkbox"/>	Neonatology <input type="checkbox"/>	Psychological Services <input type="checkbox"/>
Anaesthetics <input type="checkbox"/>	Gastroenterology <input type="checkbox"/>	Neurology <input type="checkbox"/>	Public Health Medicine <input type="checkbox"/>
Audiology <input type="checkbox"/>	General Medicine <input type="checkbox"/>	Obstetrics <input type="checkbox"/>	Radiology <input type="checkbox"/>
Biochemistry <input type="checkbox"/>	General Surgery <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>	Renal Medicine <input type="checkbox"/>
Cancer services <input type="checkbox"/>	Genito-urinary Medicine <input type="checkbox"/>	Oncology <input type="checkbox"/>	Respiratory Medicine <input type="checkbox"/>
Cardiology <input type="checkbox"/>	Gynaecology <input type="checkbox"/>	Ophthalmology <input type="checkbox"/>	Rheumatology Medicine <input type="checkbox"/>
Care of the Elderly <input type="checkbox"/>	Haematology - Labs <input type="checkbox"/>	Oral & Maxillofacial Surgery <input type="checkbox"/>	Sexual Health Service <input type="checkbox"/>
Child Protection <input type="checkbox"/>	Haematology - Medicine <input type="checkbox"/>	Orthodontics <input type="checkbox"/>	Smoking Cessation <input type="checkbox"/>
Community Nursing <input type="checkbox"/>	Infection Prevention and Control <input type="checkbox"/>	Orthoptics <input type="checkbox"/>	Speech & Language Therapy <input type="checkbox"/>
Continence Service <input type="checkbox"/>	High Dependency <input type="checkbox"/>	Out of Hours <input type="checkbox"/>	Stroke <input type="checkbox"/>
Critical Care <input type="checkbox"/>	Infectious Diseases <input type="checkbox"/>	Outpatients <input type="checkbox"/>	Surgical Pre-assessment <input type="checkbox"/>
Day Surgery <input type="checkbox"/>	Intensive Care <input type="checkbox"/>	Paediatrics - Medicine <input type="checkbox"/>	Theatres <input type="checkbox"/>
Dental Services - Acute <input type="checkbox"/>	Learning Disabilities <input type="checkbox"/>	Paediatrics - Surgery <input type="checkbox"/>	Tissue Viability <input type="checkbox"/>
Dental Services - Community <input type="checkbox"/>	Long Term Conditions Nursing <input type="checkbox"/>	Palliative Care <input type="checkbox"/>	Transfusion Services <input type="checkbox"/>
Dermatology <input type="checkbox"/>	Mental Health - Adult <input type="checkbox"/>	Pathology <input type="checkbox"/>	Trauma & Orthopaedic Surgery <input type="checkbox"/>
Dietetics & Nutrition <input type="checkbox"/>	Mental Health -Child & Adolescent <input type="checkbox"/>	Pharmacy <input type="checkbox"/>	Urology <input type="checkbox"/>
Emergency Medicine <input type="checkbox"/>	Mental Health - Forensic Services <input type="checkbox"/>	Physiotherapy <input type="checkbox"/>	Vascular Surgery <input type="checkbox"/>
Emergency Receiving <input type="checkbox"/>	Mental Health - Old Age Psychiatry <input type="checkbox"/>	Podiatry <input type="checkbox"/>	Other, specify below <input checked="" type="checkbox"/>

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Endocrinology & Diabetes	<input type="checkbox"/>	Microbiology	<input type="checkbox"/>	Prisoner Healthcare	<input type="checkbox"/>	Care Homes
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## SUBMISSION DETAILS

Please email the following to [ClinicalGuidelines@lanarkshire.scot.nhs.uk](mailto:ClinicalGuidelines@lanarkshire.scot.nhs.uk)

- Clinical Guideline (*in Microsoft word format if possible*)
- Fully completed checklist