GUIDELINE 1.4

PRINCIPLES AND FORMAT FOR DEVELOPING GUIDELINES

1. Guidelines shall be resource documents for individuals and organisations that teach and practise resuscitation as defined in Guideline 1.1.

2. The subject matter of guidelines shall be in accordance with the stated aims and objectives of the Australian Resuscitation Council and New Zealand Resuscitation Council. delete space

3. Original guidelines are not mandatory. Approved guidelines of other organisations may be endorsed and recommended by the Australian Resuscitation Council and New Zealand Resuscitation Council. Insert space
4. Guidelines shall cite the references on which they were developed. These references will be formatted using the Vancouver style.[1]

5. Each guideline will identify the "Level of Evidence" on which it was based according to the recommendations of the National Health and Medical Research Council. [2]

   Level I: Evidence obtained from a systematic review of all relevant randomised controlled trials.
   Level II: Evidence obtained from at least one properly designed randomised controlled trial.
   Level III-1: Evidence obtained from well designed pseudo-randomised controlled trials (alternate allocation or other method).
   Level III-2: Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case control studies, or interrupted time series with a control group.
   Level III-3: Evidence obtained from comparative studies with historical control, two or more single arm studies, or interrupted time series without a parallel control group.
   Level IV: Evidence obtained from case series, either post-test or pre-test and post-test.

   In order to accommodate difference in evidence levels used internationally (e.g. ILCOR), evidence obtained from studies not directly related to the specific patient / population (eg different patient / population, animal models, mechanical models) has been termed "extrapolated evidence". [3] Where the development of a guideline has been based on "expert consensus opinion", or other levels of evidence, this should be stated as the level of evidence for this guideline.[2]

6. Each guideline will identify the quality of the evidence used in developing the guideline according to the following scale:

   Good:
   The methodological quality of the study is high with the likelihood of any significant bias being minimal.
   Fair:
   The methodological quality of the study is reasonable with the potential for significant bias being likely.
   Poor:
   The methodological quality of the study is weak possessing considerable and significant biases.

7. For each guideline a "treatment recommendation" shall be given. This recommendation brings together the scientific evidence, clinical experience, community values and good sense in applying the guideline. The following criteria shall be used making treatment recommendations : insert colon

   Class A: Recommended.
   Class A treatment recommendations are given to those guidelines which are considered to be beneficial and should be used.
   Class B: Acceptable.
   Class B treatment recommendations are given to those guidelines which may be beneficial and are acceptable to be used if considered appropriate in that setting.

   (Note: Treatment recommendations may be made independent of the levels of evidence.)

8. The Australian Resuscitation Council and New Zealand Resuscitation Council will maintain an electronic database and hold copies of references used in developing the guidelines.

REFERENCES

1. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. International Committee of Medical Journal Editors. J. Am. Med. Assoc. 1997:277(11): 927-34.
2. NHMRC. A guideline to the development, implementation, and evaluation of clinical practice guidelines. 1999. National Health and Medical Research Council. Insert stop
3. Morley PT, Atkins DL, Billi JE, Bossaert L, Callaway CW, de Caen AR, Deakin CD, Eigel B, Hazinski MF, Hickey RW, Jacobs I, Kleinman ME, Koster RW, Mancini ME, Montgomery WH, Morrison LJ, Nadkarni VM, Nolan JP, O'Connor RE, Perlman JM, Sayre MR, Semenko TI, Shuster M, Soar J, Wyllie J, Zideman D. Part 3: Evidence evaluation process: 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Resuscitation 2010;81:e32–e40. http://www.resuscitationjournal.com