

National Paediatric Guidelines: following protocols properly

Nilesh Lala



Case

A 2-month-old previously well infant presents to the casualty with:

- Two-day history of coryza
- Cough
- Poor feeding
- Increased work of breathing

On examination:

- Respiratory rate: 62/min
- Heart rate: 165/min
- Temperature: 37.8°C
- Oxygen saturation: 91% in room air
- Moderate subcostal recession
- Diffuse bilateral crackles
- Expiratory wheeze
- No focal signs of pneumonia
- Weight appropriate for age

Diagnosis

Bronchiolitis

Would you give salbutamol nebs?

Would you give antibiotics?

Would you do bloods or CXR?

This 2-month-old infant should receive

- Admission for observation
- Supplemental oxygen
- Nasal suctioning
- Feeding support
- Monitoring of respiratory distress
- Monitoring for apnoea
- No routine bronchodilator therapy
- No antibiotics
- No corticosteroids

Common non-guideline practice

- Frequent salbutamol nebulisations
- Adrenaline nebulisers
- Corticosteroids
- Routine antibiotics
- Multiple unnecessary investigations
- Chest physiotherapy

My picture of Guidelines



We all seen this started



Easily gets to this



List of top 10 guidelines

1. IMCI
2. South African Paediatric STGs/EML
3. Primary Healthcare STGs/EML
4. National HIV Guidelines
5. National TB Guidelines
6. EPI-SA Immunisation Guidelines
7. WHO Pocket Book of Hospital Care for Children
8. GINA Asthma Strategy
9. WHO Newborn Care Guidelines
10. South African antimicrobial stewardship guidance

What are guidelines for

- Synthesis of best available evidence
- Reduction of unwarranted variation
- Safety in high-risk decisions
- Support for training and supervision
- Medico-legal reference point

What guidelines are not

- Not infallible
- Not always current
- Not universally applicable
- Not substitutes for reasoning

Evidence on adherence

- Wide variation across settings
- Variation persists even with strong evidence
- Higher adherence often linked to better outcomes
- Gaps between knowledge and practice

Not all non-adherence is the same

Type of deviation	Likely interpretation
Unaware of guideline	Intern unfamiliar with IMCI classification
Misunderstands guidance	Misapplication of EML antibiotic dosing
Disagrees with recommendation	Prefer broader antibiotic than EML
Cannot implement	Cannot follow guidelines due to lack of CRP or culture
Adapts for patient context	Complex co-morbidity outside IMCI categories

Why adherence fails

Cognitive factors

- Overconfidence
- Reliance on anecdote
- Time-pressured decisions

Why adherence fails

Guideline-related problems

- Too long or complex
- Hard to access during care
- Ambiguous recommendations
- Outdated content
- Fragmentation
- – Primary IMCI, Hospital EML and Specialist units separate protocol -

Why adherence fails

System and cultural factors

- Staffing and time pressure
- Resource limitations
- Hierarchy discouraging challenge
- Senior role modelling inconsistent practice

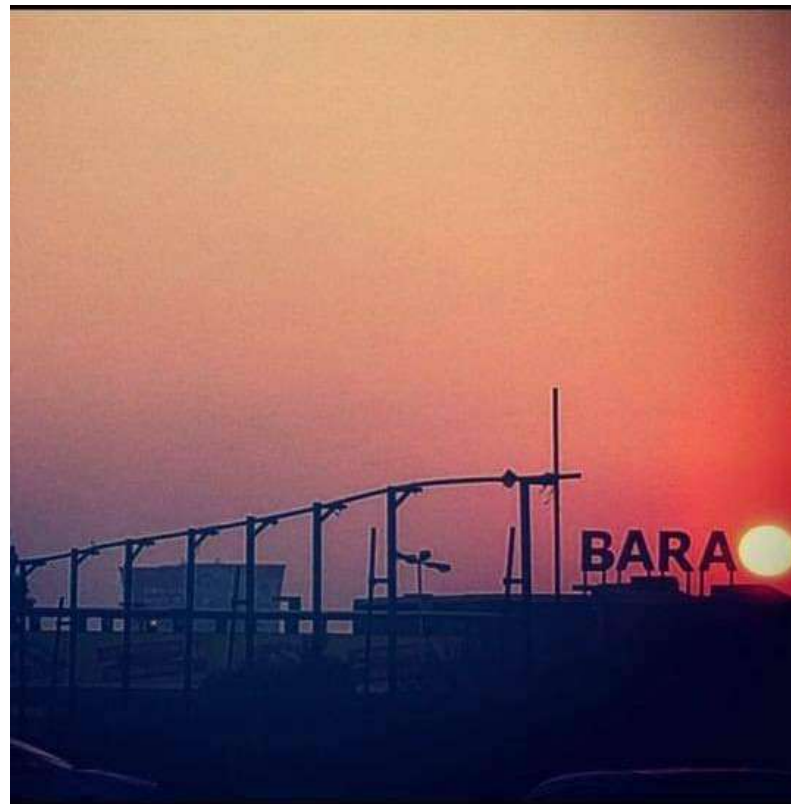
Weak explanations to reject

- “Clinicians just need more education”
- “Guidelines are ignored because people are careless”

When deviation is justified

- Patient does not match guideline population
- Comorbidity alters risk balance
- Resource constraints change safe options
- New evidence not yet incorporated

Watch sunsets



Discipline needed for deviation

Deviation should involve:

1. Explicit reasoning
2. Documentation
3. Awareness of baseline of the guideline

Improving adherence in practice

Individual level

- Use checklists and prompts
- State guideline basis for decisions
- Reflect on deviations

Improving adherence in systems

- Embed guidance into workflows
- Short, actionable formats
- Audit with feedback
- Avoid punitive monitoring

Final argument

- Guidelines organise evidence, but do not replace judgement
- Variation is common and multi-causal
- The goal is accountable, evidence-aware decision making

Take-home points

- Know the guideline baseline
- Do not equate deviation with error
- Make reasoning explicit
- Improve systems, not just individuals

Practical takeaway

- Adhere closely as a junior or novice
- Comment on new reviews
- Join the experts eg ERC
- Become active members and advocates

Parting thought

"Could you explain and justify every departure from a national guideline that occurred on your last ward round?"

Good clinicians know the guideline. Excellent clinicians know when and why they are departing from it.

The goal is not perfect compliance with protocols. The goal is accountable, evidence-informed, and context-sensitive care for every child.

Any questions or comments?