

ESPID Clinical Practice Guidelines Instructions for Authors

The ESPID Committee for Guidelines (CfG) will consider new guidelines for endorsement by the Society and publication in the *Pediatric Infectious Diseases Journal*. Peer review and final acceptance will be overseen by the CfG.

Guidelines written by a group that includes ESPID members from different institutions/countries is preferred but not essential.

Guideline manuscripts that meet the criteria below should be sent to the CfG by email to admin@espid.org with the subject: "Guideline for CfG consideration".

Once initial approval by the CfG has been obtained, the manuscript should be submitted via the [PIDJ submission service](#) for peer review. A member of the CfG will be the subeditor responsible for the manuscript whilst under review with the journal and will select appropriate ESPID members as reviewers.

ESPID Clinical Practice Guidelines should comprise two parts:

(A) Narrative review of topic

This is a narrative literature review that informs the guideline development and provides the evidence that supports the guideline recommendations

- Please use the [PIDJ Author Instructions](#) when preparing your manuscript, including:
 - structured abstract
 - maximum 3,000 words
 - up to 5 tables or figures
- GRADE (or similar) system for reporting level of evidence in management section

(B) Summary guideline with flow chart

This is a brief summary guideline in the form of a flow diagram that will be readily usable by busy clinicians. It should stand alone as a guideline and will be made available online on the ESPID website. A link to this will be included in the main narrative review. The summary may also be included in the PIDJ manuscript as an Appendix.

- Brevity and use of bullet points encouraged
- Background (maximum 500 words)
- Investigations and diagnosis
- Management
 - This section should account for the majority of the guideline text
 - Controversies should be embedded within a management section (in a box)
 - (e.g., CAP - when to PO switch, total duration of therapy, indications for macrolide)
 - Consider including key 'clinical dilemmas' or 'controversies'.
- Maximum 1,500 words

Guidelines will be updated every 3 years. If new authors are assigned to update the guideline, the original authors should be acknowledged.