

**Letter to the editor in response to:
Evaluation of national guidelines for bronchiolitis: AGREEments and controversies**

Dear Editor,

We read with interest the “Evaluation of national guidelines for bronchiolitis: AGREEments and controversies”¹ and thank the authors for their systematic appraisal utilising the validated AGREE II tool. We were pleased to see that the Australasian Bronchiolitis Guideline was one of the three guidelines identified and found to be of high quality². In essence, all three reviewed guidelines recommend against using beta2 agonists, adrenaline, glucocorticoids, antibiotics or nebulised hypertonic saline for infants with bronchiolitis.

However, we would like to address four issues raised in terms of the Australasian Bronchiolitis Guideline when applying the AGREE II tool. The guideline was judged to not include sufficient detail in terms of the diversity of the guideline development group. Our committee comprised of twenty-two individuals, including; eight general paediatricians, one paediatric respiratory physician, eight paediatric emergency medicine physicians, one paediatric intensive care physician, one paediatric nurse practitioner, two paediatric nurses, and one paediatric emergency nurse from a mixture of Australian and New Zealand metropolitan and non-metropolitan centres, (including representatives from six of the eight Australian States and Territories). This information was not detailed in the guideline publication² due to space limitations; however, it was included in the guideline methodology paper³ and referenced in the guideline publication².

The Australasian Bronchiolitis Guideline was also marked down due to a lack of consultation with families of children who have had bronchiolitis or other families at the hospital. We acknowledge that there were no details of parent or consumer consultation included within the guideline publication; however, such consultation did occur, utilising a convenience sample of families and established Consumer Advisory Panels in Western Australia and Victoria. The focus of the consumer input was on the development of the Parent Information Sheet on expected course of illness and when to return for medical review.

Further, the authors of the review noted a lack of conflict of interest documentation. While not reported in the guideline publication, all authors of the Australasian Bronchiolitis Guideline had indeed completed a Declaration of Competing Interests prior to involvement in the guideline development with no concerning competing organisational, financial or authorship interests declared.

Finally, the scope of the Australasian Bronchiolitis Guideline was to specifically address bronchiolitis care in the emergency department and on general wards. Therefore a discussion on RSV immunoprophylaxis was outside the scope of the guideline.

Sincerely,

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Ms Sharon O'Brien

Emergency Department
Perth Children's Hospital
Nedlands, West Australia
Curtin University, Bentley
West Australia

A/Prof Meredith Borland

Emergency Department
Perth Children's Hospital
University of Western Australia
Nedlands, West Australia

A/Prof Ed Oakley

Royal Children's Hospital Melbourne
Murdoch Children's Research Institute
University of Melbourne
Paediatric Emergency Medicine Centre of Research Excellence
50 Flemington Rd, Parkville VIC 3052

Prof Stuart R Dalziel

Children's Emergency Department
Starship Children's Hospital
University of Auckland
Auckland, New Zealand

Prof Franz Bahl

Emergency Department, Royal Children's Hospital
Emergency Research, Murdoch Children's Research Institute
University of Melbourne
Parkville, Victoria 3052 Australia

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