



## Guideline Summary NGC-8380

### Guideline Title

**(1) Screening for delirium, dementia and depression in older adults. (2) Screening for delirium, dementia and depression in older adults 2010 supplement.**

### Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Screening for delirium, dementia and depression in older adults 2010 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2010 May. 24 p. [76 references]

Registered Nurses' Association of Ontario (RNAO). Screening for delirium, dementia and depression in older adults. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2003 Nov. 88 p. [53 references]

### Guideline Status

This is the current release of the guideline.

### Scope

#### Disease/Condition(s)

Delirium, dementia, and depression

#### Guideline Category

Screening

#### Clinical Specialty

Family Practice  
Geriatrics  
Internal Medicine  
Nursing

#### Intended Users

Advanced Practice Nurses  
Nurses

#### Guideline Objective(s)

- To update the November 2003 Nursing Best Practice Guidelines for Screening for Delirium, Dementia and Depression in Older Adults based on new evidence obtained since the originally published guidelines
- To improve the screening assessment of older adult clients for delirium, dementia, and depression

**Note:** This guideline does not include recommendations for the management of these conditions in day-to-day nursing practice.

#### Target Population

Older adults

#### Interventions and Practices Considered

- Screening for changes in cognition, function, behavior, and/or mood
- Assessing differences between delirium, dementia, and depression
- Assessing cognitive changes using Mini-Mental Status Exam, Clock Drawing Test, Neecham Confusion Scale, Confusion Assessment Method Instrument (CAM), Establishing a Diagnosis of Depression in the Elderly, Cornell Scale for Depression, Geriatric Depression Scale, or Suicide Risk in the Older Adult
- Referral, as necessary
- Screening for suicide ideation and intent

## 6. Education, organization, and policy approaches and strategies

### Major Outcomes Considered

- Quality of life
- Morbidity and mortality

### Methodology

#### Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Searches of Electronic Databases

Searches of Unpublished Data

#### Description of Methods Used to Collect/Select the Evidence

##### November 2003 Guideline

An initial database search for existing guidelines was conducted in early 2001 by a company that specializes in searches of the literature for health related organizations, researchers, and consultants. A subsequent search of the MEDLINE, CINAHL, and EMBASE databases, for articles published from January 1, 1995 to February 28, 2001, was conducted using the following search terms and keywords: "psychogeriatric assessment," "geriatric assessment," "geriatric mental health," "assessment," "mental health assessment," "depression," "delirium," "dementia(s)," "practice guidelines," "practice guideline," "clinical practice guideline," "clinical practice guidelines," "standards," "consensus statement(s)," "consensus," "evidence based guidelines," and "best practice guidelines" to a limit of age 65+. In addition, a search of the Cochrane Library database for systematic reviews was conducted using the above search terms.

A metacrawler search engine ([www.metacrawler.com](http://www.metacrawler.com)), plus other available information provided by the project team, was used to create a list of 42 Web sites known for publishing or storing clinical practice guidelines.

One individual searched each of these sites. The presence or absence of guidelines was noted for each site searched—at times it was indicated that the website did not house a guideline, but redirected to another Web site or source for guideline retrieval. A full version of the document was retrieved for all guidelines.

Panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. In a rare instance, a guideline was identified by panel members and not found through the database or Internet search. These were guidelines that were developed by local groups and had not been published to date.

The search method described above revealed twenty guidelines, several systematic reviews, and numerous articles related to geriatric mental health assessment and management. The final step in determining whether the clinical practice guideline would be critically appraised was to apply the following criteria:

- Guideline was in English, international in scope
- Guideline was dated no earlier than 1996
- Guideline was strictly about the topic areas (delirium, dementia, depression)
- Guideline was evidence-based (e.g., contained references, description of evidence, sources of evidence)
- Guideline was available and accessible for retrieval

Ten guidelines were deemed suitable for critical review using the Cluzeau et al. Appraisal Instrument for Clinical Guidelines.

##### 2010 Supplement

###### Literature Review

One individual searched an established list of websites for guidelines and other relevant content. The list was compiled based on existing knowledge of evidence-based practice websites and recommendations from the literature.

Members of the panel critically appraised 17 national and international guidelines, published since 2003, using the "Appraisal of Guidelines for Research and Evaluation" instrument (The AGREE Collaboration, 2001). From this review, eight guidelines were identified to inform the review processes.

Concurrent with the review of existing guidelines, a search for recent literature relevant to the scope of the guideline was conducted with guidance from the Team Leader. A search of electronic databases (Medline, CINAHL and EMBASE) was conducted by a health sciences librarian. A Research Assistant completed the inclusion/exclusion review, quality appraisal and data extraction of the retrieved studies, and prepared a summary of the literature findings. The comprehensive data tables and reference list were provided to all panel members.

A summary of the evidence review is provided in the Review Process Flow Chart in the original guideline supplement document.

#### Number of Source Documents

##### November 2003 Guideline

Following the appraisal process, the guideline development panel identified seven guidelines and related updates to develop the recommendations cited in the guideline.

##### 2010 Supplement

The literature search yielded 2614 abstracts and 17 guidelines; 158 studies and 8 guidelines were included and retrieved for review.

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

### Rating Scheme for the Strength of the Evidence

**Strength of Evidence A:** Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

**Strength of Evidence B:** Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

**Strength of Evidence C:** Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

## Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

### Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

### Description of Methods Used to Formulate the Recommendations

#### November 2003 Guideline

In February of 2001, a panel of nurses and researchers with expertise in practice, education, and research related to gerontology and geriatric mental healthcare was convened under the auspices of the Registered Nurses' Association of Ontario (RNAO). At the onset the panel discussed and came to a consensus on the scope of the best practice guideline.

A critique of systematic review articles and pertinent literature was conducted to update the existing guidelines. Through a process of evidence gathering, synthesis, and consensus, a draft set of recommendations was established.

#### 2010 Supplement

The Registered Nurses' Association of Ontario has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a monitoring and revision process has been established for each guideline.

A panel of nurses was assembled for this review, comprised of members from the original development panel as well as other recommended individuals with particular expertise in this practice area. A structured evidence review based on the scope of the original guideline and supported by four clinical questions was conducted to capture the relevant literature and guidelines published since the publication of the original guideline in 2003.

Initial findings regarding the impact of the current evidence, based on the original recommendations, were summarized and circulated to the review panel. The revision panel members were given a mandate to review the original guideline in light of the new evidence, specifically to ensure the validity, appropriateness and safety of the guideline recommendations as published in 2003.

In October 2009, the panel was convened to achieve consensus on the need to revise the existing set of recommendations. A review of the most recent studies and relevant guidelines published since November 2003 does not support dramatic changes to the recommendations, but rather suggests some refinements and stronger evidence for the approach.

### Rating Scheme for the Strength of the Recommendations

Not applicable

### Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

### Method of Guideline Validation

Clinical Validation-Pilot Testing

External Peer Review

Internal Peer Review

### Description of Method of Guideline Validation

The draft document (November 2003 guideline) was submitted to a set of external stakeholders for review and feedback. Stakeholders represented various healthcare professional groups, clients and families, as well as professional associations. External stakeholders were provided with specific questions for comment, as well as the opportunity to give overall feedback and general impressions. The results were compiled and reviewed by the development panel; discussion and consensus resulted in revisions to the draft document prior to pilot testing.

A pilot implementation practice setting was identified through a Request for Proposal (RFP) process. Practice settings in Ontario were asked to submit a proposal if they were interested in pilot testing the recommendations of the guideline. These proposals were then subjected to a review process, from which a successful practice setting was identified. A nine-month pilot implementation was undertaken to test and evaluate the recommendations in three hospitals in Toronto, Ontario. The development panel reconvened after the pilot implementation in order to review the experiences of the pilot sites, consider the evaluation results, and review any new literature published since the initial development phase. All these sources of information were used to update/revise the document prior to publication.

## Recommendations

### Major Recommendations

**Note from the National Guideline Clearinghouse (NGC) and the Registered Nurses' Association of Ontario (RNAO):**

In October 2009, the panel was convened to achieve consensus on the need to revise the existing set of recommendations. A review of the most recent studies and relevant guidelines published since November 2003 does not support dramatic changes to the recommendations, but rather suggests some refinements and stronger evidence for the approach to screening for delirium, dementia and depression in older adults.

The levels of evidence supporting the recommendations (A-C) are defined at the end of the "Major Recommendations" field. See the original guideline document for additional information provided in the "Discussion of Evidence."

#### Practice Recommendations

##### **Recommendation 1**

Nurses should maintain a high index of suspicion for delirium, dementia, and depression in the older adult.

*(Strength of Evidence = B)*

##### **Recommendation 2**

Nurses screen clients for changes in cognition, function, behaviour, and/or mood, based on their ongoing observations of the client and/or concerns expressed by the client, family, and/or interdisciplinary team, including other specialty physicians.

*(Strength of Evidence = C)*

##### **Recommendation 3**

Nurses must recognize that delirium, dementia, and depression present with overlapping clinical features and may coexist in the older adult.

*(Strength of Evidence = B)*

##### **Recommendation 4**

Nurses should be aware of the differences in the clinical features of delirium, dementia, and depression and use a structured assessment method to facilitate this process.

*(Strength of Evidence = C)*

##### **Recommendation 5**

Nurses should objectively assess for cognitive changes by using one or more standardized tools in order to substantiate clinical observations.

*(Strength of Evidence = A)*

##### **Recommendation 6**

Factors such as sensory impairment and physical disability should be assessed and considered in the selection of mental status tests.

*(Strength of Evidence = B)*

##### **Recommendation 7**

When the nurse determines the client is exhibiting features of delirium, dementia, and/or depression, a referral for a medical diagnosis should be made to specialized geriatric services, specialized geriatric psychiatry services, neurologists, and/or members of the multidisciplinary team, as indicated by screening findings.

*(Strength of Evidence = C)*

##### **Recommendation 8**

Nurses should screen for suicidal ideation and intent when a high index of suspicion for depression is present, and seek an urgent medical referral. Further, should the nurse have a high index of suspicion for delirium, an urgent referral is recommended.

*(Strength of Evidence = C)*

#### Education Recommendations

##### **Recommendation 9**

All entry-level nursing programs should include specialized content about the older adult, such as normal aging, screening assessment, and caregiving strategies for delirium, dementia, and depression. Nursing students should be provided with opportunities to care for older adults.

*(Strength of Evidence = C)*

##### **Recommendation 10**

Organizations should consider screening assessments of the older adult's mental health status as integral to nursing



practice. Integration of a variety of professional development opportunities to support nurses in effectively developing skills in assessing the individual for delirium, dementia, and depression is recommended. These opportunities will vary depending on model of care and practice setting.

(Strength of Evidence = C)

### **Organization and Policy Recommendations**

#### **Recommendation 11**

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to implementation
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines

In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the *Toolkit: Implementation of Clinical Practice Guidelines*, based on available evidence, theoretical perspectives and consensus. The RNAO strongly recommends the use of this Toolkit for guiding the implementation of the best practice guideline on Screening for Delirium, Dementia and Depression in Older Adults.

(Strength of Evidence = C)

#### **Definitions:**

**Strength of Evidence A:** Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

**Strength of Evidence B:** Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

**Strength of Evidence C:** Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

### **Clinical Algorithm(s)**

An algorithm is provided in the original guideline document for screening assessment for delirium, dementia, and depression.

### **Evidence Supporting the Recommendations**

#### **Type of Evidence Supporting the Recommendations**

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

### **Benefits/Harms of Implementing the Guideline Recommendations**

#### **Potential Benefits**

Enabling the nurse to recognize and provide timely screening for delirium, dementia, and depression may result in improved outcomes for the client.

#### **Potential Harms**

Not stated

### **Qualifying Statements**

#### **Qualifying Statements**

- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence-based nursing practice. The document needs to be reviewed and applied based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.
- Nurses, other healthcare professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools. It is recommended that the nursing best practice guidelines be used as a resource tool. It is not necessary, nor practical that every nurse have a copy of the entire guideline. Nurses providing direct client care will benefit from reviewing the recommendations, the evidence in support of the recommendations and the process that was used to develop the guidelines. However, it is highly recommended that practice settings/environments adapt these guidelines in formats that would be user-friendly for daily use. This guideline has some suggested formats for such local adaptation and tailoring.

- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses, and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses' Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them, nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- Similar to the original guideline publication, the supplement needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the original guideline: Screening for Delirium, Dementia and Depression (RNAO, 2003) as a tool to assist in decision-making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

## Implementation of the Guideline

### Description of Implementation Strategy

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. The Registered Nurses' Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators, has developed a *Toolkit: Implementation of Clinical Practice Guidelines* based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a healthcare organization.

The Toolkit provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating guideline implementation. Specifically, the Toolkit addresses the following key steps:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment, and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing an evaluation
6. Identifying and securing required resources for implementation and evaluation

Implementing practice guidelines that result in successful practice changes and positive clinical impact is a complex undertaking. The Toolkit is one key resource for managing this process.

### Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are advised to consider how the implementation and its impact will be monitored and evaluated. A table in the original guideline document, based on the framework outlined in the RNAO Toolkit: Implementation of Clinical Practice Guidelines, illustrates some suggested indicators for monitoring and evaluation.

### Implementation Tips

This best practice guideline was pilot tested at three teaching hospitals, in seven clinical settings, in Toronto, Ontario with an in-patient population. The lessons learned/results of the pilot may be unique to the three organizations and not generalizable to a public health, community care or general hospital setting. However, there were many strategies that the pilot sites found helpful during the implementation, and those who are interested in implementing this guideline may consider these strategies or implementation tips. A summary of these strategies follows:

- Have a dedicated person such as a clinical resource nurse who will provide support, clinical expertise and leadership. The individual should also have good interpersonal, facilitation and project management skills.
- Establishment of a steering committee comprising of key stakeholders and members committed to leading the initiative. A work plan was developed as a means of keeping track of activities, responsibilities and timelines.
- Provide educational sessions and ongoing support for implementation. At the pilot sites, a core education session ranging from 2.0 to 3.5 hours in length was developed by a steering committee. The steering committee reviewed the standardized assessment tools in the RNAO best practice guideline and selected the ones to be used by the nurses during the pilot. The education session consisted of a Power Point presentation, facilitator's guide, handouts, case studies and a game to review the content material. The content of the education session drew on the recommendations contained in this guideline. Binders, posters and pocket cards listing the signs and symptoms of delirium, dementia and depression were available as ongoing reminders of the training. The steering committee also developed a set of "trigger" questions that were added to the initial client assessment form to help the nurses maintain "a high index of suspicion" for the conditions. The pilot sites found the questions helpful in identifying triggers for further assessment. The trigger questions used by the pilot sites are as follows:
  - a. Any acute changes in behavioural or functional status including fluctuation throughout the day?
  - b. Is the client oriented to person, place or time?
  - c. Are the client's thoughts organized and coherent?
  - d. Impression of the client's memory?
  - e. Any depressed mood, thoughts of death, suicidal ideation?
  - f. Is the client able to attend to the questions?

Samples of other implementation tools developed by the pilot sites can be found at the RNAO website, [www.rnao.org/bestpractices](http://www.rnao.org/bestpractices).

- Organizational support, such as having the structures in place to facilitate the implementation. For examples, hiring of replacement staff so participants would not be distracted by concerns about work and having an organizational

or replacement staff so participants would not be distracted by concerns about work and having an organizational philosophy that reflects the value of best practices through policies and procedures and documentation tools.

- Teamwork, collaborative assessment and treatment planning with the client and family and through interdisciplinary work are beneficial. It is essential to be cognizant of and to tap the resources that are available in the community. An example would be linking and developing partnerships with regional geriatric programs for referral process. The RNAO's Advanced/Clinical Practice Fellowship (ACPF) Project is another way that registered nurses may apply for a fellowship and have an opportunity to work with a mentor who has clinical expertise in delirium, dementia and depression. With the ACPF, the nurse fellow will also have the opportunity to learn more about new resources.

In addition to the tips mentioned above, the RNAO has developed resources that are available on the website. A toolkit for implementing guidelines can be helpful if used appropriately. A brief description about this toolkit can be found in Appendix P in the original guideline document. A full version of the document in pdf file is also available at the RNAO website, [www.rnao.org/bestpractices](http://www.rnao.org/bestpractices).

### Implementation Tools

Audit Criteria/Indicators

Chart Documentation/Checklists/Forms

Clinical Algorithm

Foreign Language Translations

Mobile Device Resources

Patient Resources

Quick Reference Guides/Physician Guides

Resources

Slide Presentation

Staff Training/Competency Material

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

### Institute of Medicine (IOM) National Healthcare Quality Report Categories

#### IOM Care Need

Staying Healthy

#### IOM Domain

Effectiveness

Patient-centeredness

### Identifying Information and Availability

#### Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Screening for delirium, dementia and depression in older adults 2010 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2010 May. 24 p. [76 references]

Registered Nurses' Association of Ontario (RNAO). Screening for delirium, dementia and depression in older adults. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2003 Nov. 88 p. [53 references]

#### Adaptation

Not applicable: The guideline was not adapted from another source.

#### Date Released

2003 Nov (addendum released 2010 May)

#### Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

#### Source(s) of Funding

Funding was provided by the Ontario Ministry of Health and Long-Term Care.

#### Guideline Committee

Guideline Development Panel

## Composition of Group That Authored the Guideline

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## Financial Disclosures/Conflicts of Interest

Not stated



## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available in English and Italian in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3

## Availability of Companion Documents

The following are available:

- Summary of recommendations. Screening for delirium, dementia and depression in older adults. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2010. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#).
- Evaluation tools. Screening for delirium, dementia and depression in older adults. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2010. 5 p. Electronic copies: Available in PDF from the [RNAO Web site](#).
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2002 Mar. 88 p. Electronic copies: Available in PDF from the [RNAO Web site](#).
- Sustainability of best practice guideline implementation. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2006. 24 p. Electronic copies: Available in PDF and as a Power Point presentation from the [RNAO Web site](#).
- Educator's resource: integration of best practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Jun. 123 p. Electronic copies: Available in PDF from the [RNAO Web site](#).

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3

Various screening tools, questionnaires, and checklists for assessment of delirium, dementia, and depression in older adults, as well as a list of medications that may cause cognitive impairments, are available in the appendices of the [original guideline document](#). Indicators for monitoring and evaluation are also available in a table.

Mobile versions of RNAO guidelines are available from the [RNAO Web site](#). A [French version](#) of this mobile guideline is also available.

An e-Learning course is available from the [RNAO Web site](#).

## Patient Resources

The following are available:

- Health education fact sheet. Caring for persons with delirium, dementia and depression. Registered Nurses' Association of Ontario (RNAO); 2005 Dec. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#).
- Health education fact sheet. Recognizing delirium, dementia and depression. Registered Nurses' Association of Ontario (RNAO); 2004 Mar. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [RNAO Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

## NGC Status

This NGC summary was completed by ECRI on September 20, 2004. The information was verified by the guideline developer on October 14, 2004. This summary was updated by ECRI Institute on July 8, 2011. The updated information was verified by the guideline developer on August 9, 2011.

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