CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF COMMUNICATION AND SWALLOWING DISORDERS FOLLOWING PAEDIATRIC TRAUMATIC BRAIN INJURY

ADMINISTRATIVE REPORT
**Responsible organisations**

Murdoch Childrens Research Institute, Melbourne, Victoria, Australia  
Lady Cilento Children’s Hospital, Brisbane, Queensland, Australia  
The Children’s Hospital at Westmead, Sydney, New South Wales, Australia  
The Royal Children’s Hospital, Melbourne, Victoria, Australia  
Auckland District Health Board, Auckland, New Zealand  
Sydney Children’s Hospital, Sydney, New South Wales, Australia  
Townsville Hospital, Townsville, Queensland  
Women’s and Children’s Hospital, Adelaide, South Australia  
Newcastle University, Newcastle, England  
Hunter New England Health, Newcastle, New South Wales  
Novita Children’s Services, Adelaide South Australia  
Victorian Paediatric Rehabilitation Service, Victoria, Melbourne

**Source of funding**

The guideline was fully funded by a National Health and Medical Research Council Centre of Research Excellence on Psychosocial Rehabilitation in Traumatic Brain Injury (#1023043).
# Table of Contents

1. Guideline Development Committee  
   1.1 Members of the Steering Committee  
   1.2 Members of the Expert Working Committee  
   1.3 Terms of Reference of the Guideline Development Committee  
2. Overview of Forming the Guideline Development Committee  
   2.1 Background  
   2.2 Forming the Guideline Development Committee  
   2.3 Declaring Conflicts of Interest  
   2.4 Developing Guideline Recommendations  
3. Public Consultation  
4. Independent Expert Peer Review  
5. References  

Supporting documents available online at www.mcri.edu.au/TBI-guideline  

> Guideline  
> Short Form Guideline  
> Technical Report  
> Public Consultation Submissions Summary
1. Guideline Development Committee

The guideline development committee consisted of a steering committee and an expert working committee. The steering committee consisted of four members, experts in the fields of paediatric speech pathology, neuropsychology and rehabilitation. This group was responsible for overseeing the development of the guideline. The expert working committee consisted of 21 health experts in the field and 2 consumers.

1.1 Members of the Steering Committee

<table>
<thead>
<tr>
<th>Member</th>
<th>Relevant Experience</th>
<th>Declarations of Interest</th>
</tr>
</thead>
</table>
| **Associate Professor Angela Morgan (Chair)**  
Director (Head of Discipline), Research and Teaching in Speech Pathology, Department of Audiology & Speech Pathology, University of Melbourne, VIC  
Director, Centre for Neuroscience of Speech, Murdoch Childrens Research Institute (MCRI), Melbourne, VIC | Speech pathologist  
Over 10 years of clinical and research experience in the field of acquired brain injury | **Guideline development:** Posterior fossa tumour guidelines published in Child’s Nervous System  
**Consultancy:** Nil  
**Affiliations:** Murdoch Childrens Research Institute, University of Melbourne, The Royal Children’s Hospital (Honorary Speech Pathologist)  
**Honoraria:** For provision of keynotes at international conferences  
**Conference attendance:** Nil  
**Other potential conflicts of interest:** Book royalties from Plural Publishing for book ‘Dysphagia Post Trauma,’ co-author on peer-review papers relevant to the guideline |
| **Dr Louise Cahill**  
Speech Pathologist Consultant, Lady Cilento Children’s Hospital, Children’s Health Queensland Hospital & Health Services, Brisbane, QLD | PhD in “Motor Speech Function Following Childhood TBI”  
30 years of experience as a speech pathologist  
9 years as senior speech pathologist at the QLD Paediatric Rehabilitation Service | **Guideline development:** Nil  
**Consultancy:** Nil  
**Affiliations:** Nil  
**Research funding:** Nil  
**Honoraria:** Nil  
**Conference attendance:** Nil  
**Other potential conflicts of interest:** Nil |
| **Dr Mary-Clare Waugh**  
Head of Department, Kids Rehab, Children’s Hospital at Westmead, NSW  
Senior Staff Specialist, Children’s Hospital at Westmead, NSW | Consultant in Paediatric Rehabilitation in Kids Rehab (KR) at Children’s Hospital at Westmead since 1998  
Head of KR since November 2012 (ongoing)  
Deputy Head of KR Department (2008-2012)  
Head of the KR Cerebral Palsy and Movement Disorder Service (2009-2013)  
Head of the KR Spinal Cord Injury and Disease Service (1998-2012)  
Head of the KR Brain Injury Service (2003-2008) | **Guideline development:** Nil  
**Consultancy:** Nil  
**Affiliations:** Nil  
**Research funding:** Nil  
**Honoraria:** Nil  
**Conference attendance:** Nil  
**Other potential conflicts of interest:** Nil |
### Member Relevant Experience Declarations of Interest

**Professor Vicki Anderson**  
Director of Psychology, Royal Children's Hospital, Melbourne, VIC  
Theme Director, Murdoch Childrens Research Institute (MCRI), Melbourne, VIC  
- **Relevant Experience**: Paediatric neuropsychologist
- **Declarations of Interest**:  
  - **Guideline development**: NHMRC ADHD guidelines, NHMRC Fluoride guidelines  
  - **Consultancy**: MCRI Theme Director  
  - **Affiliations**: MCRI, Royal Children’s Hospital, University of Melbourne (School of Psychological Sciences & Paediatrics)  
  - **Research funding**: Victorian Neurotrauma Initiative, NHMRC, MCRI  
  - **Honoraria**: Various for provision of keynotes at international conferences  
  - **Conference attendance**: Nil  
  - **Other potential conflicts of interest**: Pearson royalties from TEA-Ch, co-author on peer-review papers relevant to the guideline

**Project coordinator**

**Dr Cristina Mei**  
Post-Doctoral Researcher, Murdoch Childrens Research Institute, Melbourne, VIC  
- **Relevant Experience**: Graduated with a Bachelor of Speech Pathology (Honours), 2008  
  PhD in speech and language disorders, 2014
- **Declarations of Interest**:  
  - **Guideline development**: Nil  
  - **Consultancy**: Nil  
  - **Affiliations**: Nil  
  - **Research funding**: Nil  
  - **Honoraria**: Nil  
  - **Conference attendance**: Nil  
  - **Other potential conflicts of interest**: Nil

### Members of the Expert Working Committee

<table>
<thead>
<tr>
<th>Member</th>
<th>Relevant Experience</th>
<th>Declarations of Interest</th>
</tr>
</thead>
</table>
| **Ms Jeanette Baker**  
Consumer | Mother of a 25 year old son who sustained a diffuse axonal injury at 23 years of age |  
- **Guideline development**: Nil  
- **Consultancy**: Nil  
- **Affiliations**: Nil  
- **Potential conflicts of interest**: Nil |
| **Dr Katie Banerjee**  
Locum Staff Specialist, Paediatric Rehabilitation, Children’s Hospital at Westmead, NSW | MBChB 1996  
RCPCH 2001  
MSc 2006  
Worked in rehabilitation since 2003 and as a consultant/staff specialist since 2008 |  
- **Guideline development**: Nil  
- **Consultancy**: Nil  
- **Affiliations**: RACP, RCPCH, GMC, AFRM, ASMOF  
- **Potential conflicts of interest**: Nil |
| **Ms Mandy Beatson**  
Practice Supervisor, Paediatric Speech-language Therapist, Auckland District Health Board, NZ | Paediatric speech pathologist for 10 years  
Acute speech pathologist with paediatric brain injury for 7 years |  
- **Guideline development**: Nil  
- **Consultancy**: Nil  
- **Affiliations**: Nil  
- **Potential conflicts of interest**: Nil |
<table>
<thead>
<tr>
<th>Member</th>
<th>Relevant Experience</th>
<th>Declarations of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ms Candice Brady</strong>&lt;br&gt;Speech Pathologist, Children’s Hospital at Westmead, NSW</td>
<td>Graduated as a speech pathologist in 1999&lt;br&gt;Practiced in general paediatric speech pathology for 15 years&lt;br&gt;Worked in brain injury rehabilitation since 2007&lt;br&gt;Over 5 years’ experience in working with communication and swallowing rehabilitation post-TBI&lt;br&gt;Voluntary involvement in NSW Branch Speech Pathology Australia for 10 years</td>
<td>Guideline development: Nil&lt;br&gt;Consultancy: Nil&lt;br&gt;Affiliations: Chair, Speech Pathology Australia, NSW Branch&lt;br&gt;Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td><strong>Ms Kate Brommeyer</strong>&lt;br&gt;Speech Pathologist, Royal Children’s Hospital, Melbourne, VIC</td>
<td>1 year of experience in acute Speech Pathology&lt;br&gt;Graduated as a speech pathologist in 2013</td>
<td>Guideline development: Nil&lt;br&gt;Consultancy: Nil&lt;br&gt;Affiliations: Nil&lt;br&gt;Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td><strong>Ms Petrea Cahir</strong>&lt;br&gt;Speech Pathologist, Royal Children’s Hospital, Melbourne, VIC</td>
<td>4 years paediatric speech pathology experience&lt;br&gt;4 years working in acute paediatric setting</td>
<td>Guideline development: Nil&lt;br&gt;Consultancy: Nil&lt;br&gt;Affiliations: Murdoch Childrens Research Institute&lt;br&gt;Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td><strong>Associate Professor Cathy Catroppa</strong>&lt;br&gt;Research Fellow, Murdoch Childrens Research Institute, Melbourne, VIC</td>
<td>Bachelor of Behavioural Science, 1987&lt;br&gt;Worked in private practice (psychological services) since 1993&lt;br&gt;Employed at The Royal Children’s Hospital/Research Foundation (now MCRI) since 1989&lt;br&gt;Area of expertise: paediatric TBI (outcomes, predictors, longitudinal studies, intervention development)</td>
<td>Guideline development: Nil&lt;br&gt;Consultancy: Nil&lt;br&gt;Affiliations: Murdoch Childrens Research Institute, Royal Children’s Hospital, University of Melbourne&lt;br&gt;Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td><strong>Ms Cynthia Chong-Christianto</strong>&lt;br&gt;Speech Pathologist, Sydney Children’s Hospital, Randwick, NSW</td>
<td>Worked at Sydney Children’s Hospital (Rehabilitation) since 2013&lt;br&gt;Worked at Cerebral Palsy Alliance (formerly known as the Spastic Centre), 2006-2013</td>
<td>Guideline development: Nil&lt;br&gt;Consultancy: Nil&lt;br&gt;Affiliations: Nil&lt;br&gt;Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td><strong>Ms Suzi Drevensek</strong>&lt;br&gt;Speech Pathologist, Brain Injury Service, Kids Rehab, Children’s Hospital at Westmead, NSW</td>
<td>Worked in the Brain Injury Service, Kids Rehab, Children’s Hospital at Westmead since 2008&lt;br&gt;Providing outpatient speech pathology services to children with TBI&lt;br&gt;20 years’ experience as a speech pathologist in various settings (tertiary hospital, community health, university, private practice)</td>
<td>Guideline development: Nil&lt;br&gt;Consultancy: Nil&lt;br&gt;Affiliations: Member of Speech Pathology Australia&lt;br&gt;Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td><strong>Ms Donna Fallon</strong>&lt;br&gt;Senior Paediatric Physiotherapist, The Townsville Hospital, QLD</td>
<td>5 years’ experience in the field of physiotherapy and rehabilitation</td>
<td>Guideline development: Nil&lt;br&gt;Consultancy: Nil&lt;br&gt;Affiliations: Nil&lt;br&gt;Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td>Member</td>
<td>Relevant Experience</td>
<td>Declarations of Interest</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ms Jane Fong</td>
<td>Senior Speech Pathologist, Paediatric Rehabilitation Department, Women’s and Children’s Hospital, SA</td>
<td>Guideline development: Nil Consultancy: Nil Affiliations: Nil Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td></td>
<td>Speech pathologist for 10 years 7 years’ experience in rehabilitation 3 years’ experience in community paediatric services and rehabilitation, working in cerebral palsy, severe and multiple disabilities and other neuromuscular/neurodegenerative disabilities 3 months locum in adult brain injury rehab</td>
<td></td>
</tr>
<tr>
<td>Dr Rob Forsyth</td>
<td>Paediatric Neurologist, Newcastle University, Newcastle upon Tyne</td>
<td>Guideline development: Head injury Consultancy: Nil Affiliations: Nil Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td></td>
<td>Paediatric neurologist Over 20 years’ experience</td>
<td></td>
</tr>
<tr>
<td>Mr Matthew Frith</td>
<td>Speech Pathologist, Network Manager, Children Young People &amp; Families, Hunter New England Health Local Health District, NSW</td>
<td>Guideline development: Nil Consultancy: Nil Affiliations: Nil Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Speech Pathology, University of Newcastle, 2000 Expected Graduation 2015 from Master Applied Science, University of Sydney Thesis: Speech pathology assessment of language &amp; cognitive communication following TBI and developmental language impairment Manager of the Paediatric Brain Injury Rehabilitation Team for 7 years, Speech Pathologist on the Paediatric Brain Injury Rehabilitation Team &gt;10 years</td>
<td></td>
</tr>
<tr>
<td>Ms Patricia Grillinzoni</td>
<td>Consumer</td>
<td>Guideline development: Nil Consultancy: Nil Affiliations: Nil Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td></td>
<td>Mother of a 13 year old daughter who sustained a TBI</td>
<td></td>
</tr>
<tr>
<td>Ms Flora Haritou</td>
<td>Speech Pathologist, Royal Children’s Hospital-Victorian Paediatric Rehabilitation Service, Melbourne, VIC</td>
<td>Guideline development: Yes Consultancy: Yes Affiliations: Murdoch Childrens Research Institute Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td></td>
<td>Graduated in speech pathology, 1990 Commenced work in rehabilitation in 1993 at The Royal Children’s Hospital</td>
<td></td>
</tr>
<tr>
<td>Ms Sophie Huntley</td>
<td>Dietitian, The Royal Children’s Hospital, Melbourne, VIC</td>
<td>Guideline development: Nil Consultancy: Nil Affiliations: Representative of DAA (Dietitian’s Association of Australia) Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td></td>
<td>7 years since graduating as a dietitian 6 years as a clinical paediatric dietitian 2.5 years working in paediatric rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Ms Tamara Kelly</td>
<td>Speech Pathologist, Novita Children’s Services, Acquired Brain Injury/ Acquired Disability Program, SA</td>
<td>Guideline development: Nil Consultancy: Nil Affiliations: Nil Potential conflicts of interest: Nil</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Speech Pathology, 2006 Worked in paediatric ABI since 2009</td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td>Relevant Experience</td>
<td>Declarations of Interest</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>
| Ms Kate Osland | Master of Speech Pathology, 2010  
Member of the inpatient rehabilitation team since 2011. Manage swallowing and communication in children and adolescents with ABI during the acute recovery stage | Guideline development: Nil  
Consultancy: Nil  
Affiliations: Nil  
Potential conflicts of interest: Nil |
| Ms Jessica Palmer | Bachelor of Speech Pathology (Hons), 2007  
Working in rehabilitation (adult and paediatric) since 2008  
Graduate Certificate in Health Science (stroke management specialisation), 2009 | Guideline development: Contributor to AHCETU  
Speech Pathology Paediatric Feeding and Dysphagia Competency (Queensland); Previous member of Rural Stroke Outreach Service Statewide (QLD) working party; Contributor to statewide (QLD) Dysphagia guideline post thrombolysis  
Consultancy: Nil  
Affiliations: Australian Catholic University  
Potential conflicts of interest: Nil |
| Ms Claire Radford | 9 years since graduated in speech pathology  
7 years’ experience in a tertiary paediatric hospital, 6 of which in paediatric rehabilitation  
Specific area of interest: acute and sub-acute ABI, paediatric feeding and complex physical impairment | Guideline development: Nil  
Consultancy: Nil  
Affiliations: Nil  
Potential conflicts of interest: Nil |
| Mr Damien Roberts | Graduated in 2002 (speech pathology)  
Worked in a number of acute and rehabilitation settings with both paediatric and adult patients with communication and/or swallowing disorders of neurological origin | Guideline development: Nil  
Consultancy: Nil  
Affiliations: Nil  
Potential conflicts of interest: Nil |
| Associate Professor Adam Scheinberg | Paediatric rehabilitation specialist  
17 years working in paediatric rehabilitation | Guideline development: Nil  
Consultancy: Nil  
Affiliations: AFRM (RACP) AusACPDM  
Potential conflicts of interest: Nil current. Previously received funding from Allergan and Ipsen for research support for Botulinum toxin |
| Mrs Jillian Steadall | Graduated in 1997 (speech pathology)  
Worked in rehabilitation since 1998 (adult and paediatric rehabilitation)  
Worked at RCH since 2007 | Guideline development: Nil  
Consultancy: Nil  
Affiliations: Nil  
Potential conflicts of interest: Nil |
1.3 Terms of Reference of the Guideline Development Committee

The purpose of the guideline development committee is to systematically develop a clinical guideline
to inform the management (assessment and treatment) of speech, language and swallowing disorders
following traumatic brain injury (TBI) in children aged 0 to 18 years who are in the first year of recovery.

Role of the Guideline Development Committee

The role of the steering committee is to:

1. Oversee and lead development of the guideline.
2. Identify the key clinical questions to be addressed in the guideline.
3. Participate in a Delphi survey.
4. Develop appropriate evidence-based and consensus-based recommendations.
5. Produce the guideline document.

The role of the expert working committee is to:

1. Participate in a Delphi survey.
2. Provide their expert opinion regarding areas to consider for each clinical question.
3. Provide feedback regarding the appropriateness of the consensus-based recommendations
developed by the steering committee.

Membership of the Guideline Development Committee

Members of the guideline development committee will:

1. Have clinical experience in the assessment, treatment and management of paediatric speech,
   language and/or swallowing disorders following traumatic brain injury, or
2. Be a parent of a child with a TBI or an individual who has sustained a TBI.
3. Declare any conflicts of interest.

2. Overview of Forming the Guideline Development Committee

2.1 Background

In May 2014 the Murdoch Childrens Research Institute, in collaboration with the Lady Cilento Children’s
Hospital and The Children’s Hospital at Westmead, commenced development of a clinical practice
guideline for the management of communication and swallowing disorders following paediatric TBI.
This was prompted by the absence of clinical care guidelines for this population.¹

Development of the guideline was led by a steering committee with input from an expert working
committee (details of the methods used are detailed in the Technical Report available at
www.mcri.edu.au/TBI-guideline). The guideline was developed in accordance with NHMRC’s procedures
and requirements for producing clinical practice guidelines.²

2.2 Forming the Guideline Development Committee

A multidisciplinary guideline development committee was established between July and December
2014 to produce the communication and swallowing guideline. The group consisted of a steering
committee and an expert working committee. The steering group consisted of key experts in the
field. The Chair of the guideline development committee personally contacted experts to invite them
to partake in the steering group. Members of the expert working committee were selected via the
following methods:
Clinical Practice Guideline for the Management of Communication and Swallowing Disorders following Paediatric Traumatic Brain Injury

2.3 Declaring Conflicts of Interest

All members of the guideline development committee were required to declare any potential or actual conflicts of interest. As per previous NHMRC endorsed guidelines, members were asked to consider any conflicts of interest pertaining to:

- Current or past employment or consultancy by an entity having a commercial interest in the assessment, diagnosis or management of communication disorders or dysphagia.
- Any ownership interests (including ownership interests by a partner, dependent children or close family members) in any entity, the stock of which is not publically traded, which has a commercial interest in the assessment, diagnosis or management of communication disorders or dysphagia.
• Any ownership interests (including ownership interests by a partner, dependent children or close family members), including stock options but excluding indirect investments through mutual funds and the like, valued at $1500 or more in any entity that has a commercial interest in the assessment, diagnosis or management of communication disorders or dysphagia.

• Receiving or having received research funding from any entity that has a commercial interest in the assessment, diagnosis or management of communication disorders or dysphagia, either personally or funding received by a partner, dependent children or close family members.

• Having been paid honoraria or received meals and beverages, travel, accommodation, entertainment, remuneration, educational event attendance or received gifts of value equal to or greater than $1000 per year or $3000 over a three year period from a guideline developer or any entity that has a commercial interest in the assessment, diagnosis or management of communication disorders or dysphagia, either personally or received by a partner, dependent children or close family members.

• Involvement in the development or processes to formally endorse any TBI, communication or swallowing guidelines.

Three members of the steering committee were identified as having a conflict of interest (i.e., they were co-authors on studies that were likely to be included in the systematic review). This conflict of interest was managed by each member of the steering committee independently reviewing the data extracted from the literature (evidence tables) and the draft evidence-based recommendations. Each member was then given an opportunity to suggest amendments.

2.4 Developing Guideline Recommendations

Types of recommendations

The guideline consists of the following recommendations:

• Evidence-based recommendations: A recommendation developed following a systematic review of the evidence, with supporting references provided.

• Consensus-based recommendations: A recommendation developed in the absence of quality evidence or when the systematic review did not identify studies meeting the inclusion criteria for a clinical question. Consensus-based recommendations were formulated based on the results of a Delphi survey completed by the guideline development committee.

Processes to reach consensus

• Evidence-based recommendations: Draft recommendations developed by the Chair and project coordinator were circulated (along with the summary and evidence tables, and statement forms) to the members of the steering committee for review. Members of the steering committee independently reviewed the documents and were provided with an opportunity to suggest changes to the draft recommendations. A recommendation became final once all members had reached a consensus on the wording and content of the recommendation.

• Consensus-based recommendations: During the Delphi survey, members were asked to rate the importance of each statement using the following scale: ‘absolutely essential’, ‘very important’, ‘moderately important’, ‘slightly important’, and ‘not at all important’. A statement reached consensus and was included in the guideline as a recommendation if at least 80% of members rated it as ‘absolutely essential’, ‘very important’, or ‘moderately important’.

The methods used for the systematic review and Delphi survey are detailed in the Technical Report.
3. Public Consultation

Public consultation occurred between the 11th of May 2016 and the 9th of June 2016. The public consultation period was advertised in The Australian newspaper (11th May 2016) and via social media at the Murdoch Childrens Research Institute. Consultation with the Directors-General, Secretaries or Chief Executives for each state, territory and Commonwealth heath department occurred between the 23rd of June 2016 and the 22nd of July 2016. Targeted submissions were also sought by sending email invitations to the following key professional and consumer organisations and interest groups:

- Speech Pathology Australia
- Occupational Therapy Australia
- Dietitians Association of Australian
- College of Clinical Neuropsychologists
- International Paediatric Brain Injury Society
- Paediatric Rehabilitation Special Interest Group (Australasian Faulty of Rehabilitation Medicine)
- Brain Injury Australia
- Headwest Brain Injury Association of WA Inc.
- Brain Injury Matters Victoria
- Acquired Brain Injury Slow to Recover (Monash Health Division)
- The Developing Foundation
- Melbourne City Mission

Six submissions were received and are available in a de-identified report at www.mcri.edu.au/TBI-guideline. Responses were received from:

- Chief Medical Office and Chief Health Professions Office (Western Australia (WA) Health Department) together with the Speech Pathology Department at the Princess Margaret Hospital, WA
- Executive-Director, Tasmania Health Service
- Dietitians Association of Australian
- International Paediatric Brain Injury Society
- Representative from the Lady Cilento Children’s Hospital (Speech Pathology Department), Queensland
- Representative from the Women's and Children’s Hospital (Speech Pathology Department), South Australia

4. Independent Expert Peer Review

In line with NHMRC’s requirements, independent review of the guideline and recommendations was performed using the AGREE II instrument. Two clinical experts within the field who were independent of the guideline development process peer reviewed the guideline following public consultation. The guideline also underwent independent methodological review.
5. References


CLINICAL PRACTICE GUIDELINE
FOR THE MANAGEMENT OF
COMMUNICATION AND SWALLOWING
DISORDERS FOLLOWING PAEDIATRIC
TRAUMATIC BRAIN INJURY

ADMINISTRATIVE REPORT