Anexo 1. Tipos de estudios-evidencia.

RS: revisión sistemática, metaanálisis

RSm: revisión sistemática mixta (RCT, observacionales y retrospectivos de magnitud suficiente)

RCT: estudio aleatorizado controlado, estudio aleatorizado controlado de no inferioridad

EO: estudio observacional y/o retrospectivo o análisis secundarios de RCT (de magnitud suficiente)

GPC: guía de prácticas clínica (de sociedades científicas)

OE: opinión de expertos (Delphi, editorial argumentado, encuesta/survey)

EE: estudios experimentales básicos y clínicos

Anexo 2. Metodología AGREE, GRADE y del procedimiento Delphi.

Información adicional y fuentes en: <https://www.elsevier.es/es-revista-revista-espanola-anestesiologia-reanimacion-344-normas-publicacion>

Para la **metodología AGREE y EQUATOR** se ha seguido:

Brouwers MC, Kerkvliet K, Spithoff K, on behalf of the AGREE Next Steps Consortium. The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines. BMJ 2016;352:i1152. doi: 10.1136/bmj.i1152.

Moher D, Schulz KF, Simera I, Altman DG. Guidance for developers of health research reporting guidelines. PLoS Med. 2010; 7(2): e1000217. doi: 10.1371/journal.pmed.1000217 PMID: 20169112

Para la metodología GRADE se ha seguido:

Alonso-Coello P, Rigau D, Sanabria AJ, Plaza V, Miravitlles M, Martinez L. Calidad y fuerza: el sistema GRADE para la formulación de recomendaciones en las guías de práctica clínica. Arch Bronconeumol. 2013;49(6):261-7.

Guyatt GH, Oxman AD, Vist GE, et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ 2008; 336: 924

Garutti Martínez I, de Nadal Clanchet M, Schiraldi R, Acosta Villegas F, Aldecoa Santullano C. Guías clínicas para la optimización hemodinámica perioperatoria de los pacientes adultos durante la cirugía no cardíaca. SEDAR. ISBN13 978-84-942121-6-1.

Para la metodología Delphi se ha seguido:

Vernooij RWM, Alonso-Coello P, Brouwers M, Martínez García L, CheckUp Panel (2017) Reporting Items for Updated Clinical Guidelines: Checklist for the Reporting of Updated Guidelines (CheckUp). PLoS Med 14(1): e1002207. doi:10.1371/journal.pmed.1002207

Para el procedimiento Delphi se ha seguido:

Jünger S, Payne SA, Brine J, Radbruch L, Brearley SG. Guidance on Conducting and REporting DElphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. Palliative Medicine. 2017;31(8):684-706.

Hopkins PM, Cooke PJ, Clarke RC, et al. Consensus clinical scoring for suspected perioperative immediate hypersensitivity reactions. Br J Anaesth 2019; 123: e29-e37.

Kathryn Fitch K, Bernstein SJ, Aguilar MD, Burnand B, LaCalle JR, Lazaro P, van het Loo M, McDonnell J, Vader J, Kahan JP. The RAND/UCLA Appropriateness Method User's Manual. ISBN 0-8330-2918-5. Disponible en: <https://www.rand.org/pubs/monograph_reports/MR1269.html>.

Anexo 3. Descripción abreviada de los métodos empleados (disponibles también en la bibliografía y enlaces de internet).

**Listado de verificación (checklist) del método Checkup (Checkup-reported items).**

1. The updated version can be distinguished from the previous version of the clinical guideline.

2. The rationale for updating the clinical guideline is reported.

3. Changes in the scope and purpose between the updated and previous version are described and justified.

4. The sections reviewed in the updating process are described.

5. Recommendations are clearly presented and labelled as new, modified, or not changed. Deleted recommendations are clearly noted.

6. Changes in recommendations are reported and justified.

7. The panel participants in the updated version are described.

8. Disclosures of interests of the group responsible for the updated version are recorded.

9. The role of the funding body for the updated version is identified and described.

10. The methods used for searching and identifying new evidence in the updating process are described.

11. The methods used for evidence selection in the updating process are described.

12. The methods used to assess the quality of the included evidence in the updating process are described.

13. The methods used for the evidence synthesis in the updating process are described.

14. The methods used for externally reviewing the updated version are described.

15. The methods and plan for implementing the changes of the updated version in practice are described.

16. The plan and methods for updating the new version in the future are reported.

**Metodología CREDES (CREDES reported-items).**

Rationale for the choice of the Delphi technique

1. Justification. The choice of the Delphi technique as a method of systematically collating expert consultation and building consensus needs to be well justified. When selecting the method to answer a particular research question, it is important to keep in mind its constructivist nature Planning and design

2. Planning and process. The Delphi technique is a flexible method and can be adjusted to the respective research aims and purposes. Any modifications should be justified by a rationale and be applied systematically and rigorously

3. Definition of consensus. Unless not reasonable due to the explorative nature of the study, an a priori criterion for consensus should be defined. This includes a clear and transparent guide for action on (a) how to proceed with certain items or topics in the next survey round, (b) the required threshold to terminate the Delphi process and (c) procedures to be followed when consensus is (not) reached after one or more iterations

Study conduct

4. Informational input. All material provided to the expert panel at the outset of the project and throughout the Delphi process should be carefully reviewed and piloted in advance in order to examine the effect on experts’ judgements and to prevent bias

5. Prevention of bias. Researchers need to take measures to avoid directly or indirectly influencing the experts’ judgements. If one or more members of the research team have a conflict of interest, entrusting an independent researcher with the main coordination of the Delphi study is advisable

6. Interpretation and processing of results. Consensus does not necessarily imply the ‘correct’ answer or judgement; (non)consensus and stable disagreement provide informative insights and highlight differences in perspectives concerning the topic in question

7. External validation. It is recommended to have the final draft of the resulting guidance on best practice in palliative care

reviewed and approved by an external board or authority before publication and dissemination

Reporting

8. Purpose and rationale. The purpose of the study should be clearly defined and demonstrate the appropriateness of the use of the Delphi technique as a method to achieve the research aim. A rationale for the choice of the Delphi technique as the most suitable method needs to be provided

9. Expert panel. Criteria for the selection of experts and transparent information on recruitment of the expert panel, socio- demographic details including information on expertise regarding the topic in question, (non)response and response rates over the ongoing iterations should be reported

10. Description of the methods. The methods employed need to be comprehensible; this includes information on preparatory steps (How was available evidence on the topic in question synthesised?), piloting of material and survey instruments, design of the survey instrument(s), the number and design of survey rounds, methods of data analysis, processing and synthesis of experts’ responses to inform the subsequent survey round and methodological decisions taken by the research team throughout the process

11. Procedure. Flow chart to illustrate the stages of the Delphi process, including a preparatory phase, the actual ‘Delphi rounds’, interim steps of data processing and analysis, and concluding steps

12. Definition and attainment of consensus. It needs to be comprehensible to the reader how consensus was achieved throughout the process, including strategies to deal with non-consensus

13. Results. Reporting of results for each round separately is highly advisable in order to make the evolving of consensus over the rounds transparent. This includes figures showing the average group response, changes between rounds, as well as any modifications of the survey instrument such as deletion, addition or modification of survey items based on previous rounds

14. Discussion of limitations. Reporting should include a critical reflection of potential limitations and their impact of the resulting guidance

15. Adequacy of conclusions. The conclusions should adequately reflect the outcomes of the Delphi study with a view to the scope and applicability of the resulting practice guidance

16. Publication and dissemination. The resulting guidance on good practice in palliative care should be clearly identifiable from the publication, including recommendations for transfer into practice and implementation. If the publication does not allow for a detailed presentation of either the resulting practice guidance or the methodological features of the applied Delphi technique, or both, reference to a more detailed presentation elsewhere should be made (e.g. availability of the full guideline from the authors or online; publication of a separate paper reporting on methodological details and particularities of the process (e.g. persistent disagreement and controversy on certain issues)). A dissemination plan should include endorsement of the guidance by professional associations and health care authorities to facilitate implementation.

**Indice de desacuerdo (ID).**

Se basa en el rango interpercentílico (diferencia de puntuación de "ser apropiado" entre los percentiles 66% y 33%) con un factor de corrección por asimetría. Cuando los percentiles 66% y 33% tienen el mismo valor, el ID es cero y se interpreta como acuerdo total. En el presente estudio se eligió un grado estricto de consenso (ID < 0,5).