**Date**

**Title**

|  |
| --- |
| **introduction** |

Text –

[***Mark***](#_30j0zll) *definitions and abbreviations with \* to note to later section*

|  |
| --- |
| **pico question** |

|  |  |  |
| --- | --- | --- |
| P | *(Population/Problem)* |  |
| I | *(Intervention)* |  |
| C | *(Comparison)* |  |
| O | *(Outcome)* |  |

|  |
| --- |
| **target population** |

**Inclusion Criteria**

*Who is this recommendation applied to? What populations are included in your research articles? Age? Receiving a certain intervention?*

**Exclusion Criteria**

*What gaps in populations are there in your research articles? Who can your recommendation not be generalized to?*

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| --- |
| **target users for the recommendations** |

*Who could use this recommendation?*

|  |
| --- |
| **evidence–based recommendation** |

|  |
| --- |
| *Recommendation Strength* ***Strong / Moderate / Weak*** |

It is recommended… (Make your recommendation here)

**Measurements of Judging the Recommendation Strength for (TITLE of your Recommendation)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Safety / Harm *(Side Effects and Risks)* | | *☐* Minimal | | | | ☐ Moderate / Neutral | | | ☐ Serious | |
| 2. Health benefit to patient | | *☐* Significant | | | | ☐ Moderate / Neutral | | | ☐ Minimal | |
| 3. Burden on population to adhere to recommendation | | *☐* Low | | | | ☐ Unable to determine | | | ☐ High | |
| 4. Cost-effectiveness to healthcare system | | ☐ Cost-effective | | | | *☐* Inconclusive | | | ☐ Not cost-effective | |
| 5. Directness of the evidence for this target population | | *☐* Directly relates | | | | *☐* Some concern of directness | | | ☐ Indirectly relates | |
| 6. Impact on quality of life, morbidity, or mortality | | ☐ Positive | | | | ☐ Moderate / Neutral | | | ☐ Negative | |
| 7. Grade of the Body of Evidence *(See Evidence Table below; \*GNA – Grade Not Assignable)* | | ☐ High | | ☒ Moderate | | | ☐ Low | ☐ Very Low | | ☐ GNA\* |
| **Overall Strength of the Recommendation:** | **☐ Strong** | | **☒ Moderate** | | **☐ Weak ☐ Consensus Only** | | | | | |

Given the dimensions above for each recommendation and that more answers to the left of the scales indicate support for a stronger recommendation, the recommendation statements reflect the strength of each recommendation as judged by the development group.  
*(Note that for negative recommendations, the left/right logic may be reversed for one or more dimensions.)*

**Discussion of the Evidence and Dimensions for the Recommendation**

*Discuss each of your research articles and your clinical expertise to make this Recommendation.*

|  |
| --- |
| **abbreviations and definitions** |

**Abbreviations**

*Note any abbreviations you use throughout your text and what they stand for*

**Definitions**

*Note any definitions readers may not be familiar with*

|  |
| --- |
| **implementation** |

**Applicability & Feasibility Issues**

*What may* ***positively*** *impact the successful implementation of the practice you have recommended…*

*What may* ***negatively*** *impact the successful implementation of the practice you have recommended…*

*Share any resources you think the reader may find helpful… (Any other publications about this? Not your reference list.)*

|  |
| --- |
| **authors and contributors** |

**Team Members**

## Multidisciplinary Team

*Authors and Contributors:*

## Other Evidence-Based Care Recommendation Development Support

*Content Reviewers/Manager/Leadership: (Include Chair of Research Committee and GLACLP President)*

|  |
| --- |
| areas for future research |

*Numbered list to fill in the gaps and propose future research*

|  |
| --- |
| **evidence evaluation system** |

### Assign each research article you use a Quality Level below.

### Table of Evidence Levels *(see link above for full table)*:

|  |  |
| --- | --- |
| **Quality Level** | **Definition** |
| 1a† or 1b† | Systematic review, meta-analysis, or meta-synthesis of multiple studies |
| 2a or 2b | Best study design for domain |
| 3a or 3b | Fair study design for domain |
| 4a or 4b | Weak study design for domain |
| 5a or 5b | General review, expert opinion, case report, consensus report, or guideline |
| 5 | Local Consensus |

†a = good quality study; b = lesser quality study

### Table of Grade for the Body of Evidence *(see link above for full table)*:

|  |  |
| --- | --- |
| **Grade** | **Definition** |
| High | Good quality, High-level studies with consistent results |
| Moderate | Good quality, Lower-level OR Lesser quality, Higher-level studies with consistent\* results |
| Low | Good or lesser quality, Lower-level with results that may be inconsistent |
| Very Low | Few Good or Lesser quality, Low-level studies that may have inconsistent results |
| Grade Not Assignable | Local Consensus |

### Table of Language and Definitions for Recommendation Strength *(see link above for full table)*:

|  |  |
| --- | --- |
| **Language for Strength** | **Definition** |
| It is strongly recommended that…  It is strongly recommended that… not… | When the dimensions for judging the strength of the evidence are applied,  there is high support that benefits clearly outweigh risks and burdens. (or visa-versa for negative recommendations) |
| It is recommended that…  It is recommended that… not… | When the dimensions for judging the strength of the evidence are applied,  there is moderate support that benefits are closely balanced with risks and burdens. |
| It is suggested that…  It is suggested that… not… | When the dimensions for judging the strength of the evidence are applied,  there is weak support that benefits are closely balanced with risks and burdens. |
| There is insufficient evidence to make a recommendation… | |

|  |
| --- |
| **References**  *(Evidence Level in [ ]; See* [*Table of Evidence Levels*](#_1fob9te)*)* |

1. Last name, First Initial of Authors. Title of article. *Journal of publication, Year. [Evidence Evaluation Rating]*

2. **Baert, F.; Noman, M.; Vermeire, S.; Van Assche, G.; G, D. H.; Carbonez, A.; and Rutgeerts, P.:** Influence of immunogenicity on the long-term efficacy of infliximab in Crohn's disease. *N Engl J Med,* 348(7): 601-8, 2003, *[4b]* [*http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\_uids=12584368*](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12584368)**E** <http://groups/p2/EBC_Files/Articles_Cited_in_Template/IBD_Baert_2003_NEJM.pdf>.

3. **Colombel, J. F. et al.:** Genotypic analysis of thiopurine S-methyltransferase in patients with Crohn's disease and severe myelosuppression during azathioprine therapy. *Gastroenterology,* 118(6): 1025-30, 2000, *[3a]* [*http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\_uids=10833476*](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10833476)**E** <http://groups/p2/EBC_Files/Articles_Cited_in_Template/IBD_Colombel_2000.pdf>.

4. **Hoberman, A.; Charron, M.; Hickey, R. W.; Baskin, M.; Kearney, D. H.; and Wald, E. R.:** Imaging studies after a first febrile urinary tract infection in young children. *N Engl J Med,* 348(3): 195-202, 2003, *[2a]* [*http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\_uids=12529459*](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12529459)**E** <http://groups/p2/EBC_Files/Articles_Cited_in_Template/UTIHoberman2003.pdf>.

5. **Local Consensus:** During guideline development timeframe. *[5]*