

# [Evidence-based practice process:comparing guidelines](https://assignbuster.com/evidence-based-practice-processcomparing-guidelines/)

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Evidence-Based Practice Process Evidence-Based Practice Process Assignment Questions Guideline Attributes What two guidelines were used?
1. Card R, Sawyer M, Degnan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Bebus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124 p. [124 references]
2. Farris M, Anderson C, Doty S, Myers C, Johnson K, and Prasad S. Non-OR procedural safety. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Sep. 38 p. [4 references]
Who were the authors?
ICSI (Institute for Clinical Systems Improvement) is a nonprofit entity that produced both guidelines (NCGCACC 2010; Farris, Anderson, Doty, Myers, Johnson, and Prasad, 2012). Researchers Card, Sawyer, Degnan, Harder, Kemper, Marshall, Matteson, Roemer, Schuller-Bebus, Swanson, Stultz, Sypura, Terrell, and Varela authored the first guideline. Farris, Anderson, Doty, Myers, Johnson, and Prasad authored the second one.
What is the purpose of the guideline?
The first guideline’s purpose was to raise the proportion of patients over two years old with full presurgery histories and physical tests acquired before experiencing optional, “ non-high-risk” operations and without diagnostic examinations conducted without medical signs too (Card et al., 2014). In contrast, the second guideline’s main purpose was to get rid of wrong location, organ, patient, or process events carried out outside the surgery theater environment (Farris et al, 2012).
What type of appraisal of the evidence was done?
The kinds of appraisal done by the authors of the first guidelines when choosing evidence to apply in the guideline were the analysis of issued meta-analyses and a methodical review (Card et al., 2014). For the second guideline, the type of appraisals included was a literature review of works from the ICSI and PubMed databases (Farris et al, 2012).
Choose one guideline from the two identified and describe why you would choose this one.
I would use the second guideline because it allows individual group members working particular tests to understand methods used to review evidence collected step by step (Farris et al, 2012). For instance, a rating scheme of individualized research reports shows the quality of the appraisal’s quality in terms of identifying intervention techniques for prognostic aspects and trial precision (Farris et al, 2012). Showing these features are important for noting inconsistencies in scheduling forms in contrast to marking processes that use pens.
ICSI was also the key producer of the second guideline although it did not pay individual workgroups that conducted the tests necessary for the guideline (Farris et al, 2012). ICSI noted fiscal disclosures in the form of transparency to hinder conflicts of interest with participants, researchers, and secondary sponsors involved in the composition of the first guideline (Card et al., 2014).
The PICO (T) Question
In patients who are to undergo a surgical procedure in a health facility (P), how does the utilization of scheduling form (I) compared to the normal marking process using pens (C) minimize and reduce erroneous operations (0)?
Search Keywords
Surgical procedure
Scheduling form
Marking process
References
Card R, Sawyer M, Degnan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Bebus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. (2014). Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); Mar. 124 p. [124 references] Retrieved from http://www. guideline. gov/content. aspx? id= 48408
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Melnyk, B. M., and Fineout-Overholt, E. (2015). Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice. Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins.