Critique of an evidence-based practiced guidelines

Critical Review of Guidelines of methods used to formulate the recommendations rating scheme for the strength of the recommendations

On page 12 of the document, under the subtitle ' Summary of Recommendations,' is found the methods used to formulate the recommendations rating scheme for the strength of the recommendations. The rating scheme relies heavily upon observations by the nursing staff and clinical and ancillary services with regard to the patient's cognitive abilities as identified by the standardized set of tools for such practice. The strength of evidence is on an ABC rating system, and the observable cognitive strengths of the patient is consistent in rating A under the recommendations; while the patient's history as relayed to the medical staff by the patient's family, is given a C rating. The recommendation places a strong reliance on the standardized tools over the nurse's observations as the tool for determining the patient's condition, and the action to be taken.

For instance, under the recommendations, nurses and medical staff charged with rendering care to a patient suffering dementia, delirium and depression in older adults should rely on the standardized tools for determining cognitive changes in the patient to substantiate their clinical observations. This recommendation is rated with the highest rating of A. It is the first and foremost recommended method under the rating scheme as it is the only recommendation to be identified by a A in the ' strength of evidence." The B rated recommendations are those observations of the patient's condition as observed by the nursing team, and which observations are subject to the nurse's understanding of the identifying factors associated with the conditions of delirium, dementia and depression as pertains to older adults. The C rating recommendation are those aspect of observation and response

made and taken by the nurse that do not rely on the standardized tools, but only on the nurse's observations and how the nurse might interpret and apply individual understanding to their observations. The strength recommendations puts the heaviest weight on the standardized tools for both determining the cognitive level versus condition, and the action that level and condition warrants in referral or intervention according to the standardized tools.

2. Method of guideline validation.

Review of guideline by experts

On page 15, under the subtitle Guideline Development Process, the method of guideline validation employed the collective review of the guidelines by a team of medical personnel and experts, whose collective expertise has involved a focus or specialty in geriatric mental healthcare. In assessing the guidelines, the team considered employed their expertise and efforts in researching the existing body of current literature and research, resulting in the identification of 20 clinical practice guidelines related to the care of dementia, delirium and depression in older adults. The parameters within which they limited their research and literature review was acceptable, in that no material dated earlier than 1996 was considered as appropriate for inclusion in the guideline literature review and consideration process; the text had to be English in scope, and had to have a focus on the three areas of concern – dementia, delirium and depression in older adults. The panel's process and compilation of materials and literature, and the outcome of that process as pertains to the guidelines, was seemingly intended to be one so circumspect in nature as to simply for the clinical and medical teams the tools and rating scheme, and to eliminate time costly and costly steps in

both medical care expense and to facilitate the most accurate and expeditious patient care to reach outcome resolutions.

3. Major recommendations types of supporting evidence identified and grading scheme

The major recommendations types of supporting evidence identified by the grading scheme are reliant upon the application and use of the standardized tools to be employed by the clinical team in assessing the patient's condition. The tools, developed with the intention of producing the most reliable results of the patient's cognitive abilities by way of receiving the most valid and useful information from the patient's abilities as opposed to cited histories or third person observations, receive the strongest grading. The standardized tools include some of the most up-to-date resources developed and utilized by experts; including the use of the Neecham Confusion Scale, the Cornell Scale for Depression; a Geriatric Depression Scale; a Suicide Risk Audit in the Older Adult. All of these tools, found under the standardized tools sections, are appropriate for the assessment, ongoing care, and discharge follow-up care of the patient's condition.

4. Potential benefits/ harms of implementing the guideline recommendations.

Because of the level of expertise and experience of the clinical team that developed the guidelines, and the sources and tools that came out of that group's collective expertise and efforts; it would be highly recommended to implement and use the guideline as the basis around which a successful and patient oriented practice may be built and conducted in the area of geriatric care as pertains to dementia, delirium and depression in older adults. The guidelines are succinct, innovative, and update what might be deemed

archaic and outdated practices by which these services are currently being rendered patients suffering these conditions.

The potential harm to the patient should be little, if any, as the presumption is that the guidelines are utilized under the direction supervision of physicians, and implemented and utilized by appropriately trained and licensed nursing and clinical teams. The potential of risk to a patient should not be increased by implementation of the guidelines under these conditions.