**APPENDIX A**

**Appraisal Guide:**

**Recommendations of a Clinical Practice Guideline**

APA Formatted Citation:

Answer Here:

**Synopsis**

1. What group or groups produced the guideline?

Answer Here:

1. What does the guideline address? Clinical questions, conditions, interventions?

Answer Here:

1. What population of patients is the guideline intended to address?

Answer Here:

1. Did the panel use existing SRs or did it conduct their own?

Answer Here:

1. What clinical outcomes ws the guideline designed to achieve?

Answer Here:

1. What are the main recommendations?

Answer Here:

1. What system was used to grade the recommendations?

Answer Here:

|  |  |  |  |
| --- | --- | --- | --- |
| **Credibility** | **Yes** | **No** | **Not Clear** |
| Was the panel made up of people with the necessary expertise?  |  |  |  |
| Are the goals for developing the guideline explicit and clear?  |  |  |  |
| \*Does the guideline production process include all the widely recognized steps? |  |  |  |
| \*Were the SRs used of high quality?  |  |  |  |
| Are differences in evidence for subpopulations recognized? |  |  |  |
| \*Is the evidence supporting each recommendation graded, or stated as adequate to strong?  |  |  |  |
| \*Is the guideline current? (based on issue date and date of most recent evidence Included) |  |  |  |
|  | **All** | **Some** | **No** |
| **ARE THE RECOMMENDATIONS CREDIBLE?**  |  |  |  |
| **Clinical Significance** | **Yes** | **No** | **Not Clear** |
| Are essential elements of any recommended action or intervention clearly stated?  |  |  |  |
| \*Is the magnitude of benefit associated with each recommendation clinically important?  |  |  |  |
| \*Is the panel’s certainty of confidence in each recommendation clear? |  |  |  |
| Were patient concerns, values, and needs addressed? |  |  |  |
| Were downsides or costs of each recommendation addressed? |  |  |  |
| Was the guideline reviewed by outside experts and a member of the public or field tested? |  |  |  |
|  | **All** | **Some** | **No** |
| **ARE THE FINDINGS CLINICALLY SIGNIFICANT?**  |  |  |  |
| **Applicability** |  |  |  |
|  | **Yes** |  | **No** |
| Does the guideline address a problem, weakness, or decision we are examining in our setting?  |  |  |  |
|  | **All** | **Some** | **No** |
| Did the research evidence involve patients similar to ours and was the setting similar to ours?  |  |  |  |

What changes, additions, training or purchases would be needed to implement and sustain a clinical protocol based on these conclusions? Specify

Answer Here:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **All** | **Some** | **No** |
| \*Is what we will have to do to implement the new protocol realistically achievable by us (resources, capability, commitment)?  |  |  |  |

Which departments and/or providers will be affected by a change? Specify

Answer Here:

\*How will we know if our patients are benefiting from our new protocol?

Answer Here:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **All** | **Some** | **No** |
| ARE THE RECOMMENDATIONS APPLICABLE TO OUR SITUATION? |  |  |  |
| SHOULD WE PROCEED TO DESIGN A PROTOCOL BASERD ON THESE RECOMMENDATIONS?  |  |  |  |

Comments

Answer Here:

\*= Important criteria