Evidence-Based Decision Making at the Bedside Process

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Evidence-Based Decision Making at the Bedside Process

The process is iterative and not always linear. Parts may be done simultaneously or revisited as needed.

**Ask**

**Acquire**

**Appraise**

**Apply**

**Act & Assess**

**Intervention Applied & Assessed**

Based on:
- Evidence / Results
- Clinical Knowledge
- Patient/ Family Values

(Not Effective = Restart Process)

**Patient / Local Issue**

**Initial Information**
(Time/ Situation/Acuity)

**Define Problem / Question Formulation**

**Acquiring & Appraising Evidence**

**Sources of Evidence/Information**
(Considered & Synthesized at Same Time)

- Patient Data/Information
- Unit/Hospital Evidence Resources (Current Evidence)
  - Point of Care Tools (UpToDate, VisualDx, etc.)
  - Unit Protocols / Guidelines
  - Practice Guidelines
  - Practice Experts (Interdisciplinary Team Members)
- Clinical Knowledge, Skill & Ability
  - Clinician Values/Ethics
- Patient and/or Family
  - Values/ Culture
  - Knowledge, Skills, Abilities

**Propose an Intervention**

**Enough Evidence**
Quality of Evidence & Clinical Knowledge
(Risk/Benefit Analysis)
“Uncertainty”

**Determine Need for More Evidence or Information**
Not Enough Quality Evidence / Standard of Care or Intervention Not Working / Complexity of Problem or Condition

**Perform Search for Evidence**
(PubMed, Emebase, CINAHL, etc.)

- Amount of Evidence Needed Dependent:
  - Clinical Knowledge, Skill & Ability (Individual or Team Members)
  - Quality of Evidence (Quick Critical Appraisal)
  - Acuity of Patient / Situation (Time)

- Ability to engage in process based on knowledge and practice empowerment. (MD vs. Nurses) or (Adv. Practice Nurses vs. BSN Nurse)
- Small Scale, Group, or Micro Level Change (1-2 people)

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