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**2020 Evidence Update Worksheet**

**Worksheet author(s):**

**Council:**

**Date Submitted:**

**PICO / Research Question:**

**Outcomes:**

**Type (intervention, diagnosis, prognosis):**

**Additional Evidence Reviewer(s):**

**Conflicts of Interest (financial/intellectual, specific to this question):**

**Year of last full review: 2010 / 2015 / New question:**

**Last ILCOR Consensus on Science and Treatment Recommendation:**

**2010/2015 Search Strategy:**

**2019 Search Strategy:**

**Database searched:**

**Date Search Completed:**

**Search Results (Number of articles identified / number identified as relevant):**

**Inclusion/Exclusion Criteria:**

**Link to Article Titles and Abstracts (if available on PubMed):**

**Summary of Evidence Update:**

**Evidence Update Process for topics not covered by ILCOR Task Forces**

* + - 1. This evidence update process is only applicable to PICOs which are *not* being reviewed as ILCOR systematic and scoping reviews.

**Relevant Guidelines or Systematic Reviews**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organisation (if relevant);** **Author;** **Year Published** | **Guideline or systematic review** | **Topic addressed or PICO(S)T** | **Number of articles identified** | **Key findings** | **Treatment recommendations** |
|  |  |  |  |  |  |

**RCT:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Study Acronym;** **Author;** **Year Published** | **Aim of Study; Study Type;** **Study Size (N)** | **Patient Population** | **Study Intervention** **(# patients) /** **Study Comparator** **(# patients)** | **Endpoint Results** **(Absolute Event Rates, P value; OR or RR; & 95% CI)** | **Relevant 2° Endpoint (if any);** **Study Limitations; Adverse Events** |
|  | **Study Aim:****Study Type:** | **Inclusion Criteria:** | **Intervention:****Comparison:** | **1° endpoint:** | **Study Limitations:** |

**Nonrandomized Trials, Observational Studies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study Acronym;** **Author;** **Year Published** | **Study Type/Design; Study Size (N)** | **Patient Population** | **Primary Endpoint and Results (include P value; OR or RR; & 95% CI)** | **Summary/Conclusion Comment(s)** |
|  | **Study Type:** | **Inclusion Criteria:** | **1° endpoint:** |  |

**Reviewer Comments (including whether meet criteria for formal review):**

|  |  |
| --- | --- |
|  | **Approval Date** |
| **Evidence Update coordinator** |  |
| **ILCOR board** |  |

**\*Once approval has been made by Evidence Update coordinator, worksheet will go to ILCOR Board for acknowledgement.**

**Reference list**