The general purpose of *Evidence-Based Nursing* is to select from the health related literature those articles reporting studies and reviews that warrant immediate attention by nurses attempting to keep pace with important advances in their profession. These articles are summarised in “value added” abstracts and commented on by clinical experts. The specific purposes of *Evidence-Based Nursing* are:

- To identify, using predefined criteria, the best quantitative and qualitative original and review articles on the meaning, cause, course, assessment, prevention, treatment, or economics of health problems managed by nurses and on quality assurance
- To summarise this literature in the form of “structured abstracts” that describe the question, methods, results, and evidence-based conclusions of studies in a reproducible and accurate fashion
- To provide brief, highly expert comment on the context of each article, its methods, and clinical applications that its findings warrant
- To disseminate the summaries in a timely fashion to nurses.

The Royal College of Nursing (RCN) Publishing Company and the British Medical Journal (BMJ) Publishing Group publish *Evidence-Based Nursing* under the editorship of Dr Donna Ciliska at McMaster University in Canada, Dr Andrew Jull at the University of Auckland in New Zealand, and Dr Carl Thompson at the University of York in the UK. The Health Information Research Unit (HIRU) of the Department of Clinical Epidemiology and Biostatistics at McMaster University hosts the editorial office for the production of the abstracts and commissioning of commentaries. Dr Brian Haynes acts as coordinating editor to ensure that methods and procedures are consistent with other evidence-based journals prepared by HIRU.

**CRITERIA FOR SELECTION AND REVIEW OF ARTICLES FOR ABSTRACTING**

All articles in a journal issue are considered for abstracting if they meet these criteria:

**Basic criteria**
- Original or review articles
- In English
- Quantitative and qualitative studies
- About topics that are important to the clinical practice of nurses in any setting
- Analysis of each article is consistent with the study question.

**Quantitative studies**

Studies of prevention or treatment must meet these additional criteria:
- Random allocation of participants to comparison groups
- Follow up (end point assessment) of >=80% of those entering the investigation
- Outcome measure of known or probable clinical importance.

Studies of assessment (screening or diagnosis) must meet these additional criteria:
- Inclusion of a spectrum of participants, some, but not all of whom, have the condition of interest
- Objective diagnostic (“gold”) standard (eg, central venous pressure) or current clinical standard for diagnosis (eg, sphygmomanometer reading for hypertension), preferably with documentation of reproducible criteria for subjectively interpreted diagnostic standard (ie, report of statistically significant measure of agreement beyond chance among observers)
- Each participant must receive both the new test and some form of the diagnostic standard
- Interpretation of diagnostic standard without knowledge of test result
- Interpretation of test without knowledge of diagnostic standard result.

Studies of prognosis must meet these additional criteria:
- Inception cohort (first onset or assembled at a uniform point in the development of a condition or disease) of individuals, all initially free of the outcome of interest
- Follow up of >=80% of participants until the occurrence of a major study endpoint or to the end of the study.

Studies of causation must meet these additional criteria:
- Observations concerning the relation between modifiable exposures and putative clinical outcomes
- Prospective data collection with clearly identified comparison group(s) for those at risk of, or having, the outcome of interest (in descending order of preference, from randomised controlled trials, quasi-randomised controlled trials, non-randomised controlled trials, cohort study with case by case matching or statistical adjustment to create comparable groups, or nested case-control studies)
- Blinding (masking) of observers of outcome to exposure (criterion assumed to be met if outcome is objective, eg, all cause mortality or self administered psychometric test)

Studies of quality improvement or continuing education must meet these additional criteria:
- Random allocation of participants or units to comparison groups
- Follow up of >=80% of participants
- Outcome measure of known or probable clinical importance.

Studies of the economics of healthcare programmes or interventions must meet these additional criteria:
- The economic question must compare alternative courses of action
- Alternative diagnostic or therapeutic services or quality improvement activities must be compared on the basis of
both the outcomes produced (effectiveness) and resources consumed (costs)
- Evidence of effectiveness must be from a study (or studies) of real (not hypothetical) patients, which meets the criteria for treatment, assessment, quality improvement, or a review article
- Results should be presented in terms of the incremental or additional costs and outcomes of one intervention over another
- Where there is uncertainty in the estimates or imprecision in the measurement, a sensitivity analysis should be done.