

## The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

- I Evidence obtained from a systematic review of all relevant randomised control trials.
- II Evidence obtained from at least one well designed randomised control trial.
- III Evidence obtained from well-designed controlled trials without randomisation.
- IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series
- V Evidence obtained from systematic reviews of descriptive and qualitative studies
- VI Evidence obtained from single descriptive and qualitative studies
- VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology

Melynyk, B. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice (2<sup>nd</sup> ed.)*. Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.

National Health and Medical Research Council (2009). *NHMRC levels of evidence and grades for recommendations for developers of guidelines* (2009). Australian Government: NHMRC.  
[http://www.nhmrc.gov.au/files\\_nhmrc/file/guidelines/evidence\\_statement\\_form.pdf](http://www.nhmrc.gov.au/files_nhmrc/file/guidelines/evidence_statement_form.pdf)

OCEBM Levels of Evidence Working Group Oxford (2011). *The Oxford 2011 Levels of Evidence*. Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=1025>

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
O'Meara, M & Watton, D. (2014) Advanced Paediatric Life Support-The Practical Approach (Fifth Edition Australia and New Zealand)	VII	Adrenaline 10mcg/kg every 2 <sup>nd</sup> cycle
Australian Resuscitation Council. January 2016, from <a href="http://resus.org.au/guidelines/">http://resus.org.au/guidelines/</a>	I, III, V, VII	<p>The initial and any subsequent dose by the intravenous or intraosseous route is 10mcg/kg, (10 micrograms/kg) with a maximum single dose of 1mg. 1 [Class A; Expert Consensus Opinion]. In special circumstances such as beta-blocker use or poisoning, larger doses may be used but are otherwise not recommended. (Page 5 of 7)</p> <p>If hypovolaemia is suspected as the cause of cardiorespiratory arrest, intravenous or intraosseous crystalloid may be used initially for resuscitation1 [Class A] as a bolus of 20mL/kg. Additional boluses or colloid solution should be titrated against the response. (Page 5 of 7)</p>
McKittrick, J. (2014) The First 3 minutes- Effective team resuscitation training, Masters Thesis, University of Melbourne	III	Major themes to emerge from the data included 'realism', 'teamwork', and 'reflective learning and practice'.