

## 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>

<b>Reference (include title, author, journal title, year of publication, volume and issue, pages)</b>	<b>Evidence level (I-VII)</b>	<b>Key findings, outcomes or recommendations</b>
Baid, H. (2006). Patient assessment. The process of conducting a physical assessment: a nursing perspective. <i>British Journal Of Nursing</i> , 15(13), 710-714.	VII	This article recommends a systematic approach of conducting a thorough head to toe assessment from a nursing perspective.
Chiocca, E. M. (2019). <i>Advanced pediatric assessment / Ellen M. Chiocca (3rd ed.): Philadelphia, Pa. : Lippincott William &amp; Wilkins</i>	VII	Assessment criteria specific to pediatrics under each focused assessment
Crawford D (2020) Biological basis of child health 3: development of the cardiovascular system and congenital heart defects. <i>Nursing Children and Young People</i> . doi: 10.7748/ncyp.2020.e1245	VII	Describes the cardiovascular system during gestation into infant and childhood. Overview of congenital heart defects (CHDs). Key cardiovascular assessment and clinical presentations outlined.
Crawford D (2020) Biological basis of child health 4: an overview of the central nervous system and principles of neurological assessment. <i>Nursing Children and Young People</i> . doi: 10.7748/ncyp.2020.e1249	VII	Outlines the development of the nervous system & its anatomical and physiological features. Detailed overview of neurological assessment in infants and children. Including key assessment points for – seizures, meningitis and raised intracranial pressure.
Crawford D, Davies K (2020) Biological basis of child health 5: development of the respiratory system and elements of respiratory assessment. <i>Nursing Children and Young People</i> . doi: 10.7748/ncyp.2020.e1246	VII	Outlines development of the respiratory system & implications of this on paediatric respiratory conditions and importance of thorough and regular assessment. Overview of respiratory assessment provided.
Crawford D, Wilson B, Davies K (2020) Biological basis of child health 6: development of the skeletal system and orthopaedic conditions. <i>Nursing Children and Young People</i> . doi: 10.7748/ncyp.2020.e1248	VII	Overview of the development of the skeletal system, potential congenital anomalies that may occur and assessment and clinical presentation of abnormalities.
Corrales, AY, & Starr, M. (2010). Assessment of the unwell child. <i>Australina Family Australian Family Physician</i> , 39(5). 272-276	VII	Assessment advice relating to primary survey (ABCDE assessment), secondary survey, vital signs, & focused history.
Davies K, Bradley S, Crawford D (2022) Biological basis of child health 15: understanding the renal system and common renal conditions in children. <i>Nursing Children and Young People</i> . doi: 10.7748/ncyp.2022.e1392	VII	Discusses the renal system, in particular the kidneys in infants and children. The article describes some of the common renal conditions, key assessment points and explains how to interpret the results of renal function tests and urine sampling.
Edge D, Davies K (2020) Biological basis of child health 8: development of the gastrointestinal system and associated childhood conditions. <i>Nursing Children and Young People</i> . doi: 10.7748/ncyp.2020.e1101	VII	Describes the gastrointestinal (GI) system of infants and children and some of the structural anomalies and common GI conditions and key assessment and clinical presentations.

Fraser, J., Waters, D., Forster, E., & Brown, N. (2022) Paediatric Nursing in Australia and New Zealand	VII	Assessment advice relating to primary survey, ABCDE assessment, vital signs and recognising and responding to the sick child.
Greensheilds, S. (2019). Neurological assessment in children and young people. British Journal of Nursing, 28(16).	VII	Key assessment points to complete a thorough Neurological assessment, including AVPU & GCS as well as age-appropriate motor skills.
Hockenberry, M. J., & Wilson, D. (2019). <i>Wong's essentials of pediatric nursing</i> (11th ed.): Elsevier.	VII	Primary, Secondary assessment information. Importance of a structured and systematic assessment to adequately recognise changes in clinical condition of paediatric patients.
Selby, M. (2010). Acute illness in children. Practice Nurse, 40(3), 14-17.	VII	The article provides information related to the assessment of acute illness in children by nurses. It urges nurses to triage children into groups which are very sick, unwell and well groups. It adds that while nurses take the medical history of the child from the parent, they should also try to get the patient involved in the process.
Smith D, & Bowden T (2017) Using the ABCDE approach to assess the deteriorating patient. Nursing Standard. 32(14) 51-61.		Patients who deteriorate without recognition or timely interventions are at risk of critical care admission and increased morbidity or mortality. This article outlines the systematic ABCDE (airway, breathing, circulation, disability, exposure) approach to patient assessment, which enables healthcare practitioners to identify and respond to life-threatening conditions in order of priority. The patient's vital signs should be measured as part of the ABCDE assessment and recorded using a track and trigger tool to enhance recognition of physiological abnormalities that signal deterioration. To optimise communication and escalation of deteriorating patients, healthcare practitioners should report ABCDE assessment findings using a structured communication tool.
Yock, A., & Corrales, M. S. ( 2010). Assessment of the unwell child Australian family physician, 39(5), 270-275.	VII	ABCDE assessment and secondary assessment.
Stotts, J., Lyndon, A., Chan, G., Bekmezian, A., & Rehm, R. (2020). Nursing Surveillance for Deterioration in Pediatric Patients: An Integrative Review. Journal of Pediatric Nursing. 50, Pages 59-74	V	Performing and documenting assessments were identified as important activities in recognizing patient deterioration, initiating intervention and planning care. Knowledge of patients' baseline assessment assists with recognising the early signs of clinical deterioration. Family involvement and professional experience also play a role in through nursing assessment.

