|  |  |  |
| --- | --- | --- |
| **THERAPY WORKSHEET** | **PICO:** | **Citation:** |
| P (pt/population):I (intervention):C (comparison):O (outcome): |  |  |
| Are the results **VALID**? | Assignment of treatments randomized? |  |
| PRIMARY GUIDES | Were all subjects accounted for at conclusion? |  |
|  | Was follow-up complete? |  |
|  | Intention to treat? |  |
| SECONDARY GUIDES | Blinded? |  |
|  | Groups similar at start? |  |
|  | Were groups treated equally aside from intervention? |  |
| What are the **RESULTS**? |

|  |  |  |
| --- | --- | --- |
|  | Outcome present | Outcome absent |
| Drug/tx | a | b |
| Placebo | c | d |

 |

|  |  |  |
| --- | --- | --- |
|  | Outcome present | Outcome absent |
| Drug/tx |  |  |
| Placebo |  |  |

 |
|  | CER = c/c+dEER = a/a=bARR = CER-EERNNT = 1/ARR |  |
|  | How precise was the estimate of effect (95% CI) |  |
| Are the results **APPLICABLE** to my patient? | Can I apply results to my patient? |  |
|  | Were all clinically important outcomes considered? |  |
|  | Are treatment benefits worth potential harm and costs? |  |
| Based on these results, my practice will show (check) | Big/Little/No Change (Explain) |  |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_