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| Evidence Informed Practice Tool (EIPT)Submission to Professional Advisory Committee(maximum two page summary) |



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| **Name of EIPT:** |  |
| Type of EIPT | * Care Map
* Clinical Protocol
 |  | * Guideline
* Algorithm
* Standing Order
* Other:
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| Members of the Author Team: |
| Objectives of EIPT: |
| EIPT Highlights: |
| Consultation Process (Include Persons/Programs): |
| Description of Current Standards & Practice (include clinical areas impacted/sites and/or programs): |
| Significant Changes to Current Practice (include impacted areas): |
| Expected Outcomes for Patients/Staff: |
| Description of Evidence (level of evidence if for approval; description of evidence if for information): |
| Evaluation Plan and Impact Assessment: |
| Submitted By: |

For Committee Use:

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| **🞏 Requested revisions****🞏 Accepted for Information** | *Signature:* |  |
|  | *Date:* |  |