

TABLE 1. OUTLINE OF LITERATURE REVIEW PROCESS

1. Conduct meeting/call to determine preliminary search strategy

- Clinical practice guideline subcommittee chair and vice-chair in collaboration with the epidemiologist to determine initial search criteria and terms.
- Librarian/epidemiologist documents proposed search strategy.
- Search for meta-analyses and evidence-based clinical guidelines first, including Cochrane Reviews, NICE guidelines; only perform a primary literature search starting from the date that last evidence-based clinical guideline ended. If updating an existing AAP guideline, use Elsevier's SCOPUS abstract and citation database of peer-reviewed literature to search/determine which manuscripts cited prior guideline.

2. Conduct scout search. Initial search to include at a minimum: MEDLINE, CINAHL, EMBASE. Document search strategy and number of documents retrieved.

NOTE: AHRQ has restricted search on occasion to randomized controlled trials (RCTs) and treatment studies. It is recommended that this restriction be followed only if the number of articles returned exceeds some predetermined maximum (e.g., 500 articles).

3. Conduct meeting/call to finalize search strategy

- Review any meta-analyses or evidence-based clinical guidelines that document their search strategy.
- Group reviews search results and refines search strategy and terms.
- Librarian/epidemiologist documents final search strategy.
- Librarian/epidemiologist conducts the search, updates number of documents retrieved, and sends the results to the chair.
- Guideline subcommittee may add hand-selected articles not found by literature search for consideration.

A) Winnow articles by title/abstract

1. Prepare for article selection

- a. Determine at least 2 reviewers for each article.

2. From review of title/abstract, reviewers to determine relevance to clinical questions. Optionally can provide numerical rating for strength of evidence. Each reviewer decides if article is in or out. Articles are included if any reviewer opts to include.

3. Summary list of articles included is created, and counts of excluded articles and reasons are documented. Full text articles are accessed, or interlibrary loan requests for inaccessible articles are made.

B) Full text selection of articles

1. Make full text review assignments:

- a. Determine which articles will answer each clinical question (ie, the article(s) with the highest evidence level relevant to the clinical question).
- b. Assign 2 reviewers to each clinical question.

2. Reviewers can a) decide article is irrelevant, or b) decide article is relevant and summarize article and add to evidence table.

3. If additional clinical questions arise during review process, may add clinical questions and return to B) 1 to refine search strategy.

4. For each clinical question, one reviewer will summarize relevant articles in evidence profile, and second reviewer will confirm.

5. Final reference list of articles is created, and counts of excluded articles and reasons are documented.