**Primary Objective**

Describe the driving force for this change (include the problem statement and scope from your charter). This is your business case for why the pathway should be built and providers should follow it. What is the intended outcome of this pathway? For which patients (inclusion/exclusion criteria) and in which areas?

Example:

1. HSV sepsis is an uncommon condition, but when it occurs there is high risk for significant morbidity and mortality. Delayed identification and treatment significantly impact patient outcomes and can be reduced with appropriate screening.

**Recommendations**

Describe the clinical guidelines that are being recommended as a result of this pathway – this should be based on the team’s review of the literature, data, and local experiences and their joint interpretation of that information. This is a summary of what changes in practice you’re asking other to make (your objective is not to have them follow an algorithm blindly, rather to incorporate specific changes in their practice that may be reflected in an algorithm or order set).

Example:

1. Observation as initial management for AOM in properly selected children does not increase suppurative complications, provided that follow-up is ensured, and a rescue antibiotic is given for persistent or worsening symptoms.3
2. In numerous studies, only approximately one-third of children initially observed received a rescue antibiotic for persistent or worsening AOM, suggesting that antibiotic use could be reduced by 65% in eligible children. Given the high incidence of AOM, this reduction could help substantially in curtailing antibiotic related adverse events.3

**Rationale**

How will this pathway impact various parts of patient care, such as safety, quality, cost, workflow/care delivery, or satisfaction? Give reasons for why the pathway is being built the way it is and the potential downsides (try to anticipate barriers or potential negative consequences to following these guidelines and explain how those issues will be addressed or justified). Include baseline metric data and/or national data that supports this change as well as your team goals.

Example:

1. An asthma pathway for ED and inpatient management will improve the timeliness and efficiency of patient care by standardizing the inhaled treatments patients first receive, when they are reassessed, and with which criteria admission decisions are made.
2. There will be greater need for RTs in the ED and training for ED RNs on respiratory scores and setting up a combination neb of albuterol and ipratropium bromide.

**Metrics**

What data on patient outcomes will demonstrate that this pathway is successful in attaining its goals? You should focus on outcome metrics but can have 1-2 process metrics. Consider including one balancing metric (based on what you anticipate could be a downside to your pathway, such as increased cost or testing). Total number of metrics should be 3-4. These metrics are the same as in your charter and baseline data should be shared in your rationale.

Example:

1. % of patients with musculoskeletal infections discharged with a PICC line (outcome metric)
2. Triage to OR time for patients with musculoskeletal infections needing incision and drainage (process metric)
3. Length of Stay for patients with musculoskeletal infections (balancing metric as it may be increased if more patients are kept until transition to PO antibiotics)

**Team Members**

List the members of your team and what areas they represent. Each member of your team should be able to speak to the primary objective and metrics of your pathway. Every member should review the final executive summary and any tools before being published. The stakeholders in your charter are an additional group of people you plan to engage in the change during the course of pathway development.

* Name
* Name
* Name

**Evidence**

Provide a review of the evidence-based practices on this patient problem and the team’s interpretation on the quality and meaning of that information. This should include a literature review as well as description of what practices are seen nationally (i.e. other pathways/guidelines and their impact).

Routine sedation use during echocardiography has been associated with higher rates of visualization of all coronary arteries specifically with regards to the distal LAD and RCA.

1. Margossian R, Minmin L, Minich L, Bradley T, Cohen M, Li J, Printz B, Shirali G, Sleeper L, Newburger J, Colan, S. (2011). Predictors of coronary artery visualization in Kawasaki Disease. Journal of the American Society of Echocardiography: official publication of the American Society of Echocardiography. 24. 53-9. 10.1016/j.echo.2010.10.015.

Site your resources in the body of this section or using citations to a list of references at the end of your document.