Available online at www.sciencedirect.com
ScienceDirect

journal homepage: www.elsevier.com/locate/aenj

EDITORIAL

Evidence for practice—Growing slowly but surely

In nursing, undertaking, understanding and utilising research influences every aspect of our practice. Nurses around the world add to the evidence based upon which we base our practice. Organisations such as the Cochrane Collaboration who in 2013 celebrate their 20th anniversary, are partners in these efforts to go through the production and dissemination of high quality systematic reviews that address the effects of healthcare interventions. Cochrane reviews and the Cochrane Library are applicable to many health care professions including nursing care. The establishment of the Cochrane Nursing Care Field in 2009 has signified Cochrane's commitment to nursing practice and the need for evidence to base our practice. As nurses we no longer use an antiseptic because other health professional say so, but because we have investigated which is the best. The utility of this information is high, particularly some that are directly relevant to nurses practising all over the world.¹

In my department, it is common to see nurses search the Cochrane Library or similar databases when a situation that they are unaware of occurs. Emergency room nurses must know about a wide range of fields, and we are constantly facing situations that are not very common and have to make quick decisions therein. The Cochrane Collaboration provides some of the best available international evidence that we can base our practice on all at the click of button. *The Australasian Emergency Nursing Journal (AENJ)* supports the work of the Cochrane Collaboration by regularly citing Cochrane Reviews in its articles. For example the paper 'A systematic review of the impact of after-hours care models on emergency departments, ambulance and general practice services'² concluded that afterhours care models can reduce general practice workload and to a lesser extent emergency department and ambulance services. Another paper entitled 'Improving pain management of abdominal pain in children presenting to the paediatric emergency department: a pre-post interventional study'³ concluded that the results of a post guideline implementation retrospective audit and survey demonstrated improved compliance to documentation of pain scores and assimilation of the guideline best practice principles.

Evidence-based practice is at the core of meeting the challenges for the future in healthcare. Using the best available evidence and knowledge and the preferences of their patients is essential quality health care, particularly in emergency nursing. As healthcare professionals the patient is the focus of our attention and we need to emphasise outcome measures that reflect their needs.⁴

José Manuel Fernández Medina, RN, MSc^a
Emergency Department and Short Stay Unit,
Hospital de Manacor, Spain

E-mail addresses: jmfernandez@hospitalmanacor.org,
pepito79.jmf@gmail.com

^a Member, Cochrane Nursing Care Field.

30 November 2013

Provenance

This paper was not commissioned.

References

1. Fernandez R, Griffiths R. Water for wound cleansing. *Cochrane Database Syst Rev* 2012;2:CD003861, <http://dx.doi.org/10.1002/14651858.CD003861.pub3>.
2. Fry M. A systematic review of the impact of afterhours care models on emergency departments, ambulance and general practice services. *Australas Emerg Nurs J* 2011;14:217–25.
3. Williams S, Holzhauser K, Bonney D, Burmeister E, Gilhotra Y, Oliver R, et al. Improving pain management of abdominal pain in children presenting to the paediatric emergency department: a pre-post interventional study. *Australas Emerg Nurs J* 2012;15:133–47.
4. Gartlehner G, Flamm M. Is the Cochrane Collaboration prepared for the era of patient-centred outcomes research? *Cochrane Database Syst Rev* 2013;3:ED000054, <http://dx.doi.org/10.1002/14651858.ED000054> [Editorial].