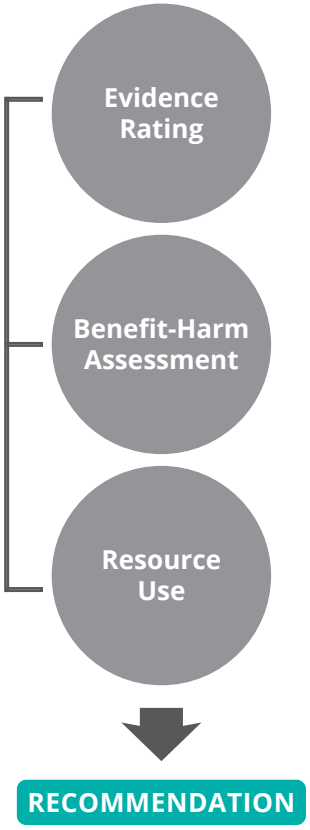
AORN Evidence Rating Model

1. Evidence Rating

HIGH	MODERATE	LOW
IA or IB IIA or IIB	IIIA or IIIB	IC, IIC, or IIIC VA, VB, or VC
• Wide range of studies with no major limitations • Little variation between studies	• Few studies and some have limitations but not major flaws • Some variation between studies	• Studies have major flaws or there are no rigorous studies • Important variation between studies

2. Recommendation Rating



Regulatory Requirement

Recommendation

- Benefits clearly exceed harms
- Supported by high- to moderate-quality evidence
- May be based on low-quality evidence or expert opinion when
  - high-quality evidence is impossible to obtain
  - supported by a guideline, position statement, or consensus statement

Conditional Recommendation

- Benefits are likely to exceed harms
- May be supported by any level of evidence when
  - indicated for a specific patient population or clinical situation
  - impact of the intervention is difficult to separate from other simultaneously implemented interventions (eg, "bundled" practices)
  - benefit-harm assessment may change with further research or not be consistent
  - benefit is most likely if used as a supplemental measure

No Recommendation

- There is both a lack of evidence and an unclear balance between benefits and harms.

3. Implementation

Regulatory Requirement

- Perioperative team members "must" implement the recommendation in accordance with regulatory requirements.

Recommendation

- Perioperative team members "should" implement the recommendation, unless a clear and compelling rationale for an alternative approach is present.

Conditional Recommendation

- Perioperative team members "may" implement the recommendation.
- The degree of implementation may vary depending on the benefit-harm assessment for the specific setting.

No Recommendation

- Perioperative team members will need to evaluate whether or not to implement the practice issue.

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