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RESEARCH REPORTS

Background

Brief (2–3 sentences) description of why the study is needed and its importance to the field.

Objective

1. Concise (1–2 sentences) statement of the objective or hypothesis to be addressed.
2. Primary objective identified and stated first, followed by any key secondary objectives.

Methods

1. **Design**: Clear statement of the study’s design, including all aspects (eg, parallel group, randomized, blinded). Indicate if Institutional Review Board or other ethical considerations were needed and/or approved.
2. **Participants and setting**: The most pertinent inclusion and exclusion criteria, and the setting within which the study was conducted.
3. **Interventions**: Complete details on treatment (eg, drug dose, route of administration, and duration of administration) and, if pertinent, control interventions.
4. **Outcome**: Primary and secondary outcome measures, identified as such.

Results

1. **Number of participants**: Total number, with breakdown into defined groups (eg, treatment, control) shown, followed by number of participants analyzed, again with breakdown into defined groups shown.
2. **Outcome**: Numbers of participants and events shown, with summary of the outcome in each group reported as effect size (eg, relative risk, odds ratio) and precision (confidence interval). Data on all outcome measures and any negative and/or nonsignificant findings must be included.
3. **Adverse events/safety**: Any unintended effects shown; if none, that should be stated.
4. **Limitations**: Factors affecting accuracy or generalizability of results (eg, small sample size, open-label design).

Conclusions

1. Conclusions (not summary) of the study, based only on the results shown, with balance of benefits and harms.
2. Clinical application of the findings, based only on the data obtained (ie, avoid over-generalization) and whether more study is needed before findings should be implemented into clinical practice

Research Report abstract example:

**Background**: No previous studies exist examining implementation of an institution-wide guideline and order set for hyperglycemic emergencies (diabetic ketoacidosis [DKA] and hyperosmolar hyperglycemic state [HHS]). **Objective**: Evaluate the impact of an institutional guideline and order set for hyperglycemic emergencies. **Methods**: This retrospective descriptive study evaluated DKA or HHA patients. Two time periods were evaluated: phase 1 (PRE) assessed practice preguideline implementation, and phase 2 (POST) assessed practice postguideline and order set introduction. **Results**: A total of 172 patients (91 PRE and 81 POST) were included in the analysis. There was no difference in the mean hospital length of stay (LOS) in the PRE versus POST groups (5.2 ± 4 vs 5.9 ± 8.6 days, \( P = .49 \); mean intensive care unit (ICU) LOS was shorter in the POST group (64.8 ± 19 vs 37.1 ± 74.8 hours, \( P < .01 \)). The POST group had an increase in frequency of assessments for clearance of urinary ketones (18 vs 33.3%, \( P = .03 \)) and -hydroxybutyrate (16 vs 37%, \( P < .01 \)). Frequency of point-of-care glucose testing (12.5 ± 6.4 vs 15.1 ± 5.7, \( P < .01 \)) and time to anion gap closure (13 ± 9 vs 9.3 ± 7.4 hours, \( P < .01 \)) improved in the POST group. There was no difference in the number of patients experiencing hypoglycemia or hypokalemia between both groups. **Conclusions**: Implementation of an institutional guideline and order set for hyperglycemic emergencies decreased ICU LOS and time to anion gap closure, with no difference in rates of hypoglycemia.

**REVIEW ARTICLES**

**Objective**

Explain the rationale and goals for the review.

**Data Sources**

Provide specific search details in the abstract and specify the resources employed in the search and include date ranges, search terms, and limits.

**Study Selection and Data Extraction**

Quantify the original reports included and how they were chosen, as well as the methods used for abstracting the data.

**Data Synthesis**

Summarize main results and provide interpretation of the data from various studies.

**Conclusions**

Summarize the key “take-home” points from the review. **NOTE**: Reviews that can only conclude with the suggestion that “additional studies are needed” will be of a lower priority than reviews that can provide direct clinical recommendations or assessments as based on the literature being reviewed.

**Review Article abstract example:**

**Objective**: To review the possible association between azithromycin and increased cardiovascular risk. **Data sources**: A MEDLINE literature search MEDLINE (1946-August 2013) was performed using the search terms
Macrolide, azithromycin, QT prolongation, cardiovascular, and torsade de pointes. Additional references were identified from a review of literature citations. Study selection and data extraction: All English-language observational studies and case reports assessing the association between azithromycin and QT prolongation or cardiovascular risk were evaluated. Data synthesis: A total of 6 case reports have shown this possible association. In 3 of these cases, proarrhythmic events were reported. In a prospective observational study of 47 individuals with low cardiovascular risk, electrocardiograms were compared before and after 5 days of azithromycin treatment. A mild statistically insignificant prolongation of the QTc was noted. No arrhythmias were observed. A large observational cohort study reported a small increase in cardiovascular deaths after azithromycin therapy, primarily among patients with high baseline cardiovascular risk. Conversely, a second cohort study involving a population of young to middle-aged adults failed to find an association. Conclusions: Azithromycin therapy may prolong the QT interval and, in rare cases, precipitate the potentially fatal arrhythmia torsade de pointes. Patients with additional risk factors for QT prolongation appear to be at highest risk, including women, elderly individuals; those with existing or prior history of cardiovascular disease, QT interval prolongation, hypokalemia, hypomagnesium, or bradycardia; and those using concomitant drugs associated with QT prolongation. For patients without these additional risk factors, azithromycin appears to be relatively safe.

Text: Appropriate headings and subheadings should be used liberally throughout the text. Abbreviations must be defined upon first use in the text. Use of abbreviations should be limited to, for example, lengthy terms; the majority of drug names should not be abbreviated. USANs or, when appropriate, chemical names, must be used for all drugs. Manufacturers’ code numbers should be used only when a generic name is not yet available. Trade names should be included only to distinguish between different trade preparations, for some combination drugs, or in reviews of drugs that have been recently approved by the FDA.

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Article

Article with URL

Abstract

Journal Supplement

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