

Project Approval Form

Clinical Issue:

Date Started:

Date Completed:

Inquiry Initiated by:

Unit:

Phone:

E-mail:

Review of Relevant Literature (list a minimum of 3-6 resources reviewed, additional resources may be attached to this page)

Title of articles, Source

Results and Conclusions

Title of articles, Source

Results and Conclusions

Title of articles, Source

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Title of articles, Source

Results and Conclusions

Title of articles, Source

Results and Conclusions

Title of articles, Source

Results and Conclusions

Recommendations for practice:

Suggestions for implementation (identify standards, procedures or guidelines that require revisions and relevant committee involvement).

How can you facilitate implementation of this practice change? (please check)

**Committee work
Audit**

**1:1 Communication
Education**

**Other
None**