

# Oncology Nursing Is Evidence-Based Care

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This issue of the *Clinical Journal of Oncology Nursing (CJON)* will be the final time that you will see the Evidence-Based Practice (EBP) feature column. Why? Because we have seen oncology nursing evolve in the past 20 years and EBP is everywhere! We use it in our clinics and hospital units, incorporate it into decisions about symptom management, and use evidence to develop survivorship guidelines. We discuss EBP in journal clubs and use applications on mobile devices to find the best interventions for our patients. We have oncology nurses sitting on committees to develop guidelines based on the best evidence and expert opinion. We have come a long way and it is our belief that EBP is included in almost every article in *CJON* and, therefore, a need no longer exists for an individual column about EBP.

Numerous organizations around the world have created centers for EBP, which are portals where EBP guidelines can be found. The Oncology Nursing Society (ONS) has been incredibly active in the arena of EBP. In 1998, ONS members defined oncology nursing-sensitive patient outcomes and sought to translate evidence into clinical environments. To accomplish this goal, ONS created the Putting Evidence Into Practice (PEP) resource to translate new knowledge into recommendations for interventions in clinical practice. The national PEP teams summarized and synthesized evidence in the literature to provide recommendations for symptom-specific interventions that are recommended for practice, as well as those for which benefits were balanced with harms, that may be not effective, or that do not have established effectiveness (Johnson, 2014). In 2006, ONS released the first PEP cards, resources that were designed to fit in the pockets of oncology nurses so they could use them

in their daily practice. The first PEP cards focused on chemotherapy-induced nausea and vomiting, fatigue, prevention of infection, and sleep-wake disturbances. Today, ONS has an impressive website with 20 symptom-specific PEP resources ([www.ons.org/practice-resources/pep](http://www.ons.org/practice-resources/pep)). The results of the PEP program and these PEP teams have been presented nationally and published in two editions of the *Putting Evidence Into Practice* book (Eaton & Tipton, 2009; Irwin & Johnson, 2014), journal articles and supplements (Johnson, 2014), applications for mobile devices, and online resources. In addition, the teams have contributed to two editions of the award-winning *A Guide to Oncology Symptom Management* (Brown, 2009, 2015).

Today, the PEP guidelines are included in a national guidelines online repository for healthcare providers and administrators. The Agency for Healthcare Research and Quality (AHRQ) sponsors the development of various reports to assist organizations in the public and private sector in their efforts to improve the quality of health care in the United States. The National Guideline Clearinghouse (NGC), an AHRQ initiative, is a publicly available database of evidence-based guidelines for diseases, treatments, and health services administration ([www.guideline.gov](http://www.guideline.gov)). The PEP guidelines, because of their rigor, have been included in the NGC—a great testament to the work of the PEP teams and ONS leadership.

Therefore, after nine years and 54 columns, *CJON* says farewell to the dedicated EBP column because we believe that everything we publish and use for patients in our practices is selected because we have evidence to support our decisions. We feel that oncology nursing has advanced to the point at which EBP is ingrained in all that we do. Let's continue to use evidence every day in our clinical work and question issues for which evidence does not exist and find it. A lot of work still needs to be done, but we are proud that EBP has become ingrained in our specialty and will improve care for our patients.

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