COLUMBIA UNIVERSITY SCHOOL OF NURSING

DIAGNOSIS AND MANAGEMENT II (M8546)

Journal Review Form

Name: ________________________________
Date: ________________________________
Title: ________________________________
Author: ______________________________

Journal Citation: ________________________________

Article Topic (Treatment under review): ________________________________

Research Review: ________________________________

Was the article peer reviewed?  Yes: ______  No: ______

Synopsis of the clinically significant components: ________________________________

Author’s Treatment Recommendations: ________________________________

How does this treatment differ from current treatment protocols? ________________________________