

**Messaging Scripts™** are scripts for scripts. Messaging scripts are targeted treatment messaging & decision support tools for specific clinical topics. This tool, and accompanying template, can help you construct your own. This tool can also be used in conjunction with the Delfini Patient Information & Decision Aid Tool for greater depth of script or aid development.

## See our Messaging Scripts web page for—

- Features of good scripts
- Uses of scripts
- Attributes of Good Scripts
- Quantifying Information
- Samples

## Template

---

**This patient is a good candidate for [INTERVENTION]**

### Baseline Risk

The best available valid and useful evidence indicates that [population description summarized from study inclusion, exclusions and baseline characteristics including ages and other meaningful prognostic characteristics such as with a history of...] have a [x percent] % risk of developing [condition] within [time period].

### Medical Intervention Benefits and Risks

The best available valid and useful evidence [evidence rating] indicates that the risk drops to [x percent] within [study period] for those treated with [intervention]. However, the risk drops to [x percent] within [study period] for those treated with [intervention]. This is a [ARR] % decrease in risk. Out of 100 patients, [ARR without % symbol] will benefit.

[List below quantified information for benefits, harms and risks.]

### For Lay Users

You may wish to substitute “risk” for “harms” unless harms are 100% known.

### Considerations

- Consider what matters to patients: morbidity, mortality, symptom relief, functioning, health-related quality of life, satisfaction, costs, uncertainties and alternatives.
- Consider patient preferences, value considerations and action steps, etc.
- Customize and personalize as you can.

+ [ARR #] out of 100 people: text statement

- [ARR #] out of 100 people: text statement

**Prescribing Information:** -----

### Drug Information for Patients

Detailed information is available at MEDLINEplus. [www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)

### About Safety of Health Care Interventions

Safety is often difficult to assess. Patients should be informed about known safety issues and the quality of the safety evidence even when the evidence is weak. Patients should also be informed that there may be unknown risks of adverse events from healthcare interventions. Reports of no differences between groups should be

viewed with caution because the population studied may have been too small for a true difference to be revealed. However, reports of adverse events might not, in fact, be due to the intervention.

**Other Information** [optional]: -----

Evidence  
[brief statement]  
[references]

[documentation: date prepared & by whom; update info as applicable]

Consulted Delfini Rx Messaging Scripts™ Template — [www.delfini.org](http://www.delfini.org)

---

**Or Substitution for Possible but Unproven Benefits of [Intervention X], including information from above as applicable:**

### Conclusion

There is insufficient evidence to conclude that for [CONDITION A], [INTERVENTION X] produces better clinical outcomes than [INTERVENTION Y]. Lack of valid evidence for efficacy does not prove that [INTERVENTION X] is ineffective, but complications may be significant and should be considered prior to [INTERVENTION X].

This conclusion results from a critical appraisal of [EXAMPLE: a Cochrane systematic review [ref] which was based on 4 randomized controlled trials (RCTs) of 40 potentially valid and useful RCTs found in the Cochrane search and a updating of the review (DATE) through a PubMed search for, and evaluation of, RCTs published after the Cochrane review. All received a Grade U (uncertain validity and/or clinical usefulness)].

### Evidence for Efficacy

The above studies are [Grade \_\_\_ (grade tag): Threats to validity include [THREATS, E.G., NON-BLINDING, LARGE LOSS TO F/U, ETC.].

**Possible Harms of [INTERVENTION X]:** -----

### Evidence of Harms

The following estimates of adverse outcomes are based on grade U evidence [ref]