|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Anderson et al (2004), UKsingle stroke unit | Demonstrate that the NL results in improved delivery of enteral feed for high risk dysphagic stroke patients | MethodologyQuantitativeDesign6 month prospective audit studyControl Group compare same group of patients before and after NL insertionRandomisationNo | Samplen= 14 dysphagic stroke patients Patient demographicsAge range 67-91 yrsMean age = 76 yrs this is stated for NL group onlymen – unknownwomen – unknownType of stroke n=10 cerebral infarction, n=3 intracerebral haemorrhagesn=1 subdural haematoma – should not be included as a strokeStroke severity*-* not stated. Latency from stroke onset to study day<28days post-acute stroke | Level 3 Grade D |
| Beavan et al (2010) UKthree stroke units | Evaluate looped NGT feeding in acute stroke patients with dysphagia | MethodologyQuantitativeDesignRandomised Control TrialControl Group Yes [NLvs conventional adhesive dressing]RandomisationYesBlindingNot possible | Samplen=104NL (n = 51); conventional adhesive dressing (n = 53)Patient demographicsAge range – not statedmen – 20 vs 23women – 31 vs 30Type of stroke TACS 37 vs 35PACS 12 vs 14LACS 2 vs 1POCs 0 vs 3Stroke severity*-* not stated. Latency from stroke onset to study day NGT feed - 3 vs 3Randomisation - 4 vs 4 | Level 1+Grade A |
| Ciocon et al. (1988) USAnon-acute care facility | Tube Feedings in Elderly PatientsIndications, Benefits, and ComplicationsExploring evidence of agitation requiring multiple tube reinsertions and restraint of extremities including wrist restraints and hand mittens | MethodologyQuantitativeDesignProspective study (includes retrospective data)Control Group No  | SampleStudy sample n=70 [54 NGT fed; 16 Gastro-jejunal feeding]7 patients excluded due to COAD; total study sample n=63Patient demographicsNo.men 10No. women 60Age range 60-95yrsMean age 82yrsStroke patients n=14 (18% of total study population)11/14 stroke patients were NG fed (47% of NG fed patients in the study)Type of stroke CVA n=8Intracerebral haemorrhage n=5Obtundation from CVA n=1Stroke severity*-* not stated. Latency from stroke onset to study day Not stated | Level 3 Grade D |
| Horsburgh et al (2008) UKAcute and outpatient settings | Explores the perspectives of patients, relatives and carers about the use of interventions (HM and NL) to prevent NGT tugging following a stroke. | Grounded TheoryFocus groups and interviews | Sample*Interviews:*n=8 (n=4 stroke patients and n=4 relatives/carers)*Focus groups:*n=17 staffPatient demographicsAge range –men – women –Type of stroke Not statedStroke severity*-* not stated. Latency from stroke onset to study day Not stated | Level 3 Grade D |
| Quill (1989) USAcommunity hospital | Retrospective chart review in a community hospital looking at use of NGT and restraints to keep tubes in place (non-specific restraint for maintaining NGT position) | QuantitativeRetrospective chart review | Total study sample n=55 Patient demographicsPatients = or >70 yrs Age range – not statedNo. of men – 21No. women – 34Stroke specific detailsTotal no. stroke patients n=27 (49%) of which number of men/women not statedType and severity of strokeClassified as CVA patients only, type and severity of stroke not statedLatency from stroke onset to study day - not statedControl Group - none | Level 4 Grade D |
| Williams (2010) UKacute hospital setting | Explore the use of hand control mittens (HM) and ascertain their acceptability for use in clinical practice | Mixed MethodsObservational; before and after intervention in the clinical settingSemi-structured interviews with key staff members | Samplen= 7 dysphagic patients [n=4 had a stroke]Patient demographicsAge range 44-90 yrsMean age = 70 yrs (not stated)No. men – 6 (3 stroke)No. women -1 (stroke)Stroke specific details:*N=4 stroke patients**Type of stroke* – not stated*Stroke severity-* not stated. Latency from stroke onset to study day*-* not statedControl Group – none | Level 4 Grade D |