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| Anderson et al (2004), UK | Demonstrate that the NL results in improved delivery of enteral feed for high risk dysphagic stroke patients | 1. No. times NGT dislodged/removed/re-passed

No. NGT used before NL median 4 tubes (range 2-7)2/14 removed NGT within 24hrs of NL being insertedNo. of NGT used after insertion NL not stated1. Length of time NGT remained in place with intervention

With NL - Median 15 days, Range 1-46Without NL – not stated1. Percentage of prescribed feed/hydration delivered

100% increase in feed delivery from no NL to NL in situ. 1. Reason for failure NGT feeding with intervention in place

2/14 pulled NGT out1. Complications of intervention

1 complaint of nasal discomfort1. Acceptability/tolerability of intervention

4/6 preferred NL to NGT being re-passed1 patient complained of nasal discomfort |
| Beavan et al (2010) UK | Evaluate looped NGT feeding in acute stroke patients with dysphagia | 1. **No. times NGT dislodged/removed/re-passed**

NL group required fewer NGTs (median 1 vs 4)Control group – NGT more easily removed (16% vs 27%)1. **Length of time NGT remained in place with intervention**
2. **Percentage of prescribed feed/hydration delivered -** NL group 17% more feed than control group p=0.002
3. **Reason for failure NGT feeding with intervention in place –** Not stated
4. **Complications of intervention**

Nose bleeds (NL=11/51 vs control =3/53)1. **Acceptability/tolerability of intervention**

**Questionnaire**No significant differences in any of the measures of tolerability ((1) understood need for NGT, (2) NGT insertion distressing, (3) day to day discomfort, (4) NGT too easily removed, (5) glad to have been NGT fed) |
| Ciocon et al. (1988) USA | Comparing the complications, benefits and tolerance of enteral tube feeding in the elderly, including NGT, gastrostomy tubes and jejunal tubes.Explores evidence of agitation requiring multiple tube reinsertions and restraint of extremities (wrist restraints or hand mittens) | 1. **No of times NGT dislodged/removed/re-passed**

36/54 patients self-extubated 1/54 tubes misplaced in first two weeks21/54 patients self-extubated after two weeks1. **Length of time NGT remain in place with/without intervention -** not stated
2. **Percentage of feed delivered** – not stated
3. **Reason for failure NGT feeding with intervention in place** - Not stated
4. **Complications of intervention** - not stated
5. **Acceptability of intervention** – gastrostomy tubes seen as better tolerated than NGT; gastrostomy negated the need for wrist restraints or hand mittens
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| Horsburgh et al (2008) UK | Explores the perspectives of patients, relatives and carers about the use of interventions (HM and NL) to prevent NGT tugging following a stroke. | 1. **No. times NGT dislodged/removed/re-passed** – not recorded
2. **Length of time NGT remained in place with/without intervention** – not recorded
3. **Percentage of feed/hydration delivered** – not stated
4. **Reason for failure NGT feeding with intervention in place** – not recorded
5. **Complications of intervention** – not recorded
6. **Acceptability of intervention** - practitioners, patients and relatives viewed the use of interventions (HM/NL) to maintain NGT feeding in terms of benefits, harms and justice. The core category, linking all data, was ‘a necessary evil’
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| Quill (1989) USA | 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) | 1. **No of times NG tube dislodged/removed/re-passed**

6/55 patients pulled tubes out (does not state whether any of these were stroke patients)19/55 patients had tube replaced at least once in the 12 month period1. **Length of time NG remain in place with/without intervention**

Restraints used in 29/55 (53%) patients, however does not state how long for or no. of stroke patients1. **Percentage of feed delivered** – not stated
2. **Reason for failure NG feeding with intervention in place** - Not stated
3. **Complications of intervention** - not stated
4. **Acceptability/tolerability of intervention** – Author opinion only ‘Restraints should be employed with the greatest reluctance, for they violate basic tenets of humane care’.
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| Williams (2010) UK | Explore the use of hand control mittens (HM) and ascertain their acceptability for use in clinical practice | 1. **No. times NG tube dislodged/removed/re-passed**

Prior to hand mittens between 2-4 tube/line removals1. **Length of time NG remained in place with/without intervention**

With HM – not statedWithout HM – not stated1. **Delivery of feed***–*not stated
2. **Reason for failure NG feeding with intervention in place -** Not stated
3. **Complications of intervention –** not stated
4. **Acceptability/tolerability of intervention** – staff and family perceptions include; ‘too big and bulky’, ‘boxing gloves’ ‘look comfortable’. Staff member reported patient shock at hand mittens being applied.
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