15 - Bilag 8: Evidensvurderinger

Artikel Chiarelli A, Enzi G, Casadei A, Baggio B, Valerio A, Mazzoleni F (1990) Very early nutrition supplementation in burned patients. Am J Clin Nutr 51:1035-1039 PICO 1 Fælles bedømmelse Low risk Sequence generation High risk RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised UnClear__x_ ALLOCATION CONCEALMENT Selection bias (biased allocation to Low risk interventions) due to inadequate concealment of allocations prior to High risk assignment. UnClear SELECTIVE REPORTING Reporting bias due to selective outcome Low risk reporting High risk x UnClear OTHER BIAS Bias due to problems not covered elsewhere in the table. Low risk High risk_x_ UnClear BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias Low risk due to knowledge of the allocated interventions by participants and High risk personnel during the study. UnClear x BLINDING OF OUTCOME ASSESSMENT Detection bias due to Low risk knowledge of the allocated interventions by outcome assessors. High risk UnClear_x INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or Low risk handling of incomplete outcome data. High risk UnClear_x_

Grahm TW, Zadrozny DB, Harrington T (1989) The benefits of early jejunal hyperalimentation in the head-injured patient. Neurosurgery 25:729–735	
PICO 1	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk High riskx UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk_x UnClear
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk High risk_x UnClear

OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx_ High risk UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low risk High riskx UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low risk High risk UnClearx
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Chourdakis M, Kraus MM, Tzellos T, Sardeli C, Peftoulidou M, Vassilakos D, Kouvelas D (2012) Effect of early compared with delayed enteral nutrition on endocrine function in patients with traumatic brain injury: an open-labeled randomized trial. JPEN J Parenter Enteral Nutr 36:108-1016.

PICO 1	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk High riskx_ UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk_x UnClear
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk High risk UnClearx
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx High risk UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Artikel	
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Eyer SD, Micon LT, Konstantinides FN, Edlund DA, Rooney KA, Luxenberg MG, Cerra FB (1993) Early enteral feeding does not attenuate metabolic response after blunt trauma. J Trauma 34: 639-643

PICO 1	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk High risk UnClearx
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk UnClearx
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk High risk_x UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low risk High risk_x UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx_ High risk_ UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk_ UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Artikel

Moses V, Mahendri NV, John G, Peter JV, Ganesh A (2009) Early hypocaloric enteral nutritional supplementation in acute organophosphate poisoning--a prospective randomized trial. Clin Toxicol 47:419-424.

PICO 1	Fælles bedømmelse
Sequence generation	Low risk
RANDOM SEQUENCE GENERATION Selection bias (biased allocation	High risk
to interventions) due to inadequate generation of a randomised	UnClearx
sequence.	
ALLOCATION CONCEALMENT Selection bias (biased allocation to	Low risk
interventions) due to inadequate concealment of allocations prior to	High risk
assignment.	UnClearx
SELECTIVE REPORTING Reporting bias due to selective outcome	Low risk
reporting	High riskx
	UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low risk
	High risk

	UnClear_x
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx_ High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Nguyen NQ, Fraser RJ, Bryant LK, Burgstad C, Chapman MJ, Bellon M, Wishart J, Holloway RH, Horowitz M (2008) The impact of delaying enteral feeding on gastric emptying, plasma cholecystokinin, and peptide YY concentrations in critically ill patients. Crit care Med 36:1469-1474.

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PICO 1	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk High riskx UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk_x UnClear
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk High risk_x UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low risk High risk_x UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Artikel

Peck MD, Kessler M, Cairns BA, Chang YH, Ivanova A, Schooler W (2004) Early enteral nutrition does not decrease

hypermetabolism associated with burn injury. J Trauma 57:1143-1148	
PICO 1	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk High risk UnClearx
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk UnClearx
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk High risk_x UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low risk High risk_x UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx_ High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Drakulovic MB, Torres A, Bauer TT, Nicolas JM, Nogue S, Ferrer M. Supine body position as a risk factor for nosocomial pneumonia in mechanically ventilated patients: a randomised trial. Lancet. 1999;354:1851-1858.

PICO 2	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low riskx_ High risk UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low riskx High risk UnClear
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low riskx High risk UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx High risk UnClear

BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low riskx_ High risk_ UnClear

van Nieuwenhoven CA, Vandenbroucke-Grauls C, van Tiel FH, et al. Feasibility and effects of the semirecumbent position to prevent ventilator-associated pneumonia: a randomized study. Crit Care Med. 2006;34:396-402.

PICO 2	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low riskx_ High risk UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk x High risk UnClear
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk x High risk UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx High risk UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low risk x High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low riskx High risk UnClear

AI LINC

Taylor TT. A comparison of two methods of nasogastric tube feedings. Journal of	
Neurosurgical nursing. 1982;14(1):49-55.	
PICO 3	Fælles bedømmelse
Sequence generation	Low risk
RANDOM SEQUENCE GENERATION Selection bias (biased allocation	High risk
to interventions) due to inadequate generation of a randomised	UnClearx_
sequence.	
ALLOCATION CONCEALMENT Selection bias (biased allocation to	Low risk
interventions) due to inadequate concealment of allocations prior to	High risk
assignment.	UnClearx
SELECTIVE REPORTING Reporting bias due to selective outcome	Low riskx
reporting	High risk
	UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low risk
	High risk
	UnClearx
BI INDING OF PARTICIPANTS AND PERSONNEL Performance bias	Low rick v
	Low riskx
due to knowledge of the allocated interventions by participants and personnel during the study.	High risk UnClear
personner during the study.	Officieal
BLINDING OF OUTCOME ASSESSMENT Detection bias due to	Low risk
knowledge of the allocated interventions by outcome assessors.	High risk
	UnClear x
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or	Low risk_x
handling of incomplete outcome data.	High risk
	UnClear

Artikel	
Serpa LF, Kimura M, Faintuch J, Ceconenello I. Effects of continuous versus bolus infusion of enteral nutrition in critical patients. Med S Paulo. 2003;58(1):9-14.	
PICO 3	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk High risk UnClearx
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk UnClearx
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low riskx High risk UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low risk High risk UnClearx
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx_ High risk UnClear

BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskHigh riskUnClearx
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Steevens EC, Lipscomb AF, Pool GV, Sacks GS. Comparison of continuous vs intermittent nasogastric enteral feeding in trauma patients: Perceptions and practice. Nutrition in Clinical Practice. 2002;17(2):118-122.

PICO 3	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low riskx High risk UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk UnClearx
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk High risk UnClearx
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low risk High risk UnClearx
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_High risk_UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Artikei		

Kocan MJ, Hickisch SM. A comparison of continuous and intermittent enteral nutrition in NICU patients. Journal of Neuroscience Nursing. 1986;18(6)334-337.

PICO 3	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk High risk UnClear_x
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low risk High risk UnClearx

SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low risk High risk UnClearx
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx High risk UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low risk High risk UnClearx
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk_ UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low risk_x High risk UnClear

Artikel Ciocon JO, Galindo-Ciocon DJ, Tiessen C, Galindo D. Continuous compared with intermittent tube feeding in the elderly. JPEN. 1992;16(6):525-528. PICO 3 Fælles bedømmelse Low risk Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation High risk to interventions) due to inadequate generation of a randomised UnClear_x sequence. ALLOCATION CONCEALMENT Selection bias (biased allocation to Low risk interventions) due to inadequate concealment of allocations prior to High risk UnClear__ assignment. SELECTIVE REPORTING Reporting bias due to selective outcome Low risk reporting High risk UnClear___x__ OTHER BIAS Bias due to problems not covered elsewhere in the table. Low risk x High risk UnClear_ BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias Low risk due to knowledge of the allocated interventions by participants and High risk_ UnClear_x_ personnel during the study. BLINDING OF OUTCOME ASSESSMENT Detection bias due to Low risk knowledge of the allocated interventions by outcome assessors. High risk UnClear__x_ INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or Low risk handling of incomplete outcome data. High risk_ UnClear_x_

Ha L, Hauge T, Iversen PO. Individual, nutritional support prevents undernutrition, increases muscle strength and improves QoL among elderly at nutritional risk hospitalized for acute stroke: A randomized, controlled trial. Author links open overlay panel. Clinical Nutrition. 2010;29(5):567-573

PICO 4	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low riskx High risk UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low riskx_ High risk UnClear
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low riskx High risk UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx High risk UnClear
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low riskx High risk UnClear

Artikel Pedersen JL, Pedersen PU, Damsgaard EM. Nuttritional follow-up after discharge prevents readmission to hospital - a randomized clinical trial. J Nutr Health Aging. 2017;21(1):75-82 Fælles bedømmelse PICO 4 Sequence generation Low risk x RANDOM SEQUENCE GENERATION Selection bias (biased allocation High risk UnClear_ to interventions) due to inadequate generation of a randomised sequence. ALLOCATION CONCEALMENT Selection bias (biased allocation to Low risk interventions) due to inadequate concealment of allocations prior to High risk UnClear SELECTIVE REPORTING Reporting bias due to selective outcome Low risk_ reporting High risk UnClear OTHER BIAS Bias due to problems not covered elsewhere in the table. Low risk_x High risk_ UnClear_

BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx_ High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low riskx_ High risk_ UnClear

Artikel	
Pedersen JL, Pedersen PU, Damsgaard EM. Early nutritional follow-up after discharge prevents, deterioration of ADL functions in malnourished, independent geriatric patients who live alone – a randomized clinical trial. J Nutr Health Aging. 2016;20(8):845-853	
PICO 4	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk x High risk UnClear
ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low riskx High risk UnClear
SELECTIVE REPORTING Reporting bias due to selective outcome reporting	Low riskx High risk UnClear
OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx_High risk_UnClear_
BLINDING OF PARTICIPANTS AND PERSONNEL Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.	Low riskx High risk UnClear
BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low riskx High risk UnClear

Artikel	
Terp R, Jacobsen KO, Kannegaard, Larsen A-M, Madsen OR, Noisen E. A nutritional intervention program improves the nutritional status of geriatric patients at nutritional risk – a randomized control trial. Clinical Rehabilitation. 2018;32(7):930-941.	
PICO 4	Fælles bedømmelse
Sequence generation RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low riskx_ High risk UnClear

ALLOCATION CONCEALMENT Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.	Low riskx High risk UnClear
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OTHER BIAS Bias due to problems not covered elsewhere in the table.	Low riskx High risk UnClear
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BLINDING OF OUTCOME ASSESSMENT Detection bias due to knowledge of the allocated interventions by outcome assessors.	Low riskx High risk UnClear
INCOMPLETE OUTCOME DATA Attrition bias due to amount, nature or handling of incomplete outcome data.	Low riskx High risk UnClear

Titel:_Annika Reintam Blaser, Joel Starkopf, Waleed Alhazzani, Mette M. Berger, Michael P. Casaer et al. Early enteral nutrition in critically ill patients: ESICM clinical practice guidelines. Intensive Care Med. 2017;43:380–398

Konsensus bedømmelse – baseret på bedømmelse foretaget individuelt af to bedømmere

AGREE II	1	2	3	4	5	6	7	Comments
	Strongly Disagree						Strongly Agree	
Scope and Purpose								
The overall objective(s) of the guideline is (are) specifically described.							х	
2. The health question(s) covered by the guideline is (are) specifically described.							x	
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.							x	
Stakeholder Involvement								
The guideline development group includes individuals from all relevant professional groups.						X		
5. The views and preferences of the target population (patients, public, etc.) have been sought.		X						
6. The target users of the guideline are clearly defined.						Х		
Rigour of Development								
7. Systematic methods were used to search for evidence.							Х	
8. The criteria for selecting the evidence are clearly described.							X	
9. The strengths and limitations of the body of evidence are clearly described.							х	
10. The methods for formulating the recommendations are clearly described.							x	
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.							х	
12. There is an explicit link between the recommendations and the supporting evidence.							Х	
13. The guideline has been externally reviewed by experts prior to its publication.							Х	
14. A procedure for updating the guideline is provided.							Х	

0Clarity of Presentation				
Colarity of Fresentation				
15. The recommendations are			х	
specific and unambiguous.				
16. The different options for			X	
management of the condition or				
health issue are clearly presented.				
17. Key recommendations are			X	
easily identifiable.				
Applicability				
18. The guideline describes	х			
facilitators and barriers to its				
application.				
19. The guideline provides advice		x		
and/or tools on how the				
recommendation can be out into				
practice.				
20. The potential resource	X			
implications of applying the recommendations have been				
considered.				
21. The guideline presents		x		
monitoring and/or auditing criteria.		^		
merine and and a daming official				
Editorial Independence				
22. The views of the funding body			X	
have not influenced the content of				
the guideline.				
23. Competing interests of			X	
guideline development group				
members have been recorded and				
addressed.				

OVERALL GUIDELINE ASSESSMENT

(for each question, please choose the response which best characterizes the guideline assessed):

1: Rate the overall quality of this guideline.

1 Lowest possible quality	2	3	4	5	6	7 Highest possible quality

2: I would recommend this guideline for use.

YES	Yes
YES, WITH MODIFICATIONS	
NO	

NOTES

Data ekstraktion af inkluderede artikler.

PICO 1 RCT der tester tidlig versus sen opstart af enteral ernæring

Forfatter	Population Population	s sen opstart a	Kontrol	Outcome	Tidlig start af	Sen start af
år	Top minion	n		S	ernæring	ernæring
					Antal/populati	Antal/populati
					on	on
Grahm,	TBI GCS	EN inden	EN ved	Pneumon	2/17	3/15
1989	< 11	for 36	tarmlyde	i		
	N=32 (17)	timer efter	efter 48			
	vs 15)	indlæggels	timer			
	,	en				
Chiarellei,	Brandsår	EN Straks	EN efter	Mortalite	0/10	0/10
1990	25-60%	efter	48 timer	t	3/10	7710
	N=20 (10	indlæggels	gennemsn	Infektion		
	vs 10)	en	it 57,7	er		
		gennemsnit				
		4,4 timer				
Eyer,	Traumer	EN inden	EN efter	Mortalite	2/19	2/19
1993	indlagt på	for 24 t	72 t,	t	8/19	4/19
	intensiv	gennemsnit	gennemsn	Pneumon		
	afd. N=52	31 t.	it 82 t	i		
	(26 vs 26)					
Peck,	Brandsår	EN inden	EN fra	Mortalite	4/14	5/11
2004	N=32 (16	for 24 t +	dag 7 +	t	14	11
	vs 16)	frit per os	frit per os	Infektion		
				er (totale		
				antal)		
Nguyen,	Blandet	EN inden	EN fra	Mortalite	6/14	6/14
2008	intensiv	for 24	dag 4	t	3/14	6/14
	pt'er. BMI	timer		Pneumon		
	27-28			1		
	N=28 (14					
Magaz	vs 14)	EN in dan	I/X/	Montalita	2/20	2/20
Moses, 2009	Forgiftnin	EN inden	I/V Vmalra	Mortalite	3/29	3/30
2009	gs patienter	for 48 timer	Væske	t		
	N=59 (29	umer				
	vs 30)					
Chourdaki	TBI GCS	EN inden	EN efter	Mortalite	3/34	2/25
s, 2012	gennemsni	for 48 t	48 t	t	13/34	12/25
3, 2012	t 5,8 vs	101 70 t	∃O t	Pneumon	28	29
	5,22			i	20	2)
	N=59 (34			Infektion		
	vs 25)			er (totale		
	5 25)			antal)		
	l.	l	l	urrur)	1	Į.

TBI = Total brain injury, GCS = Glasgow Coma Score, EN = enteral ernæring.

Grahm TW, Zadrozny DB, Harrington T. The benefits of early jejunal hyperalimentation in the head-injured patient. Neurosurgery. 1989;25:729–735

Chiarelli A, Enzi G, Casadei A, Baggio B, Valerio A, Mazzoleni F. Very early nutrition supplementation in burned patients. Am J Clin Nutr 1990;51:1035-1039

Eyer SD, Micon LT, Konstantinides FN, Edlund DA, Rooney KA, Luxenberg MG, Cerra FB. Early enteral feeding does not attenuate metabolic response after blunt trauma. J Trauma. 1993;34: 639-643

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Nguyen NQ, Fraser RJ, Bryant LK, Burgstad C, Chapman MJ, Bellon M, Wishart J, Holloway RH, Horowitz M. The impact of delaying enteral feeding on gastric emptying, plasma cholecystokinin, and peptide YY concentrations in critically ill patients. Crit care Med. 2008;36:1469-1474.

Moses V, Mahendri NV, John G, Peter JV, Ganesh A. Early hypocaloric enteral nutritional supplementation in acute organophosphate poisoning--a prospective randomized trial. Clin Toxicol. 2009;47:419-424.

Chourdakis M, Kraus MM, Tzellos T, Sardeli C, Peftoulidou M, Vassilakos D, Kouvelas D. Effect of early compared with delayed enteral nutrition on endocrine function in patients with traumatic brain injury: an open-labeled randomized trial. JPEN J Parenter Enteral Nutr. 2012;36:108-1016.

PICO 2 RCT der tester eleveret vs ikke eleveret hovedgærde

Forfatter år	Population Population	Interventi	Kontrol	Outcom	Eleveret	Fladt
		on		es	hovedgærde	hovedgærde
					Antal/populat	Antal/populat
					ion	ion
Drakulovic,	Intensive	Ernæring	Ernæring	Mortalit	7/39	13/47
1999	patienter incl	EN eller	EN eller	et	2/39	11/47
	neurokirurgi	PE	PE	Pneumo		
	ske patienter	Hovedgær	Hovedgær	ni		
	N=86 (39 vs	de	de fladt			
	47)	eleveret >				
		30 grader				
van	Intensive	Hovedgær	Hovedgær	Mortalit	33/112	33/109
Nieuwenhov	patienter fra	de	de fladt	et	13/112	8/109
en, 2006	fire afd. Incl	eleveret =	EN 87%	Pneumo		
	neurologiske	45 grader		ni		
	lidelser	EN 82%				
	N=221 (109					
	vs 112)					

Drakulovic MB, Torres A, Bauer TT, Nicolas JM, Nogue S, Ferrer M. Supine body position as a risk factor for nosocomial pneumonia in mechanically ventilated patients: a randomised trial. Lancet. 1999;354:1851-1858.

van Nieuwenhoven CA, Vandenbroucke-Grauls C, van Tiel FH, et al. Feasibility and effects of the semirecumbent position to prevent ventilator-associated pneumonia: a randomized study. Crit Care Med. 2006;34:396-402.

PICO 3 RCT der tester kontinuerlig vs intermitterende indløb af enteral ernæring

Forfatte	Population	Intervention	Kontrol	Outcom	Intermitteren	Kontinuerlig
r år				es	de indløb	indløb
					Antal/populat	Antal/populat
Toylor	Neurologise	40 ml	10 ml/t	Aspirati	ion 1/5	ion 2/8
Taylor, 1982	patienter	stigende til	stigende til	on	1/3	2/0
1702	N=13 (5 vs	320 ml/ 4.	80ml/t	OII		
	8)	time.	kontinuerli			
			gt			
Serpa,	Mix gruppe	EN gives over	Kontinuerli	Aspirati	0/14	2/14
2003	af kritisk	1 t 8 x	gt over 24 t	on		
	syge pt'er.	døgnet				
	50%					
	neurologiske lidelser					
	N=28 (14 vs					
	14)					
Steeven	Pt'er med	125ml/4. øges	25 ml/t.	Aspirati	1/9	0/9
s, 2002	hovedskader	med 125ml/	øges med	on		
	gennesnitsla	hver 12. time	25ml/ hver			
	der 36 år.	Indløbshastig	12. time			
	Påbegydnt EN ca 40 t	hed 15 min	indtil pt's ernærings			
	efter		mål blev			
	indlæggelse.		opnået			
	N=18 (9 vs		1			
	9)					
Kocan,	Neurologisk	EN hver 4 t	EN fordelt	Aspirati	9/17	8/17
1986	e pt'er N=34	indløb over 1	over 24 t	on		
Ciocon,	(17 vs 17) Patienter	t. 200-400 ml/4.	Døgnmæng	Agnirati	10/30	5/30
1992	med	T efterfulgt af		Aspirati on	10/30	3/30
1772	neurologiske	100 ml vand	med pumpe	OII		
	lidelser,					
	alder 72 år					
	(62-99)					
	N=60 (30 vs					
	30)					

Taylor TT. A comparison of two methods of nasogastric tube feedings. Journal of Neurosurgical nursing. 1982;14(1):49-55.

Serpa LF, Kimura M, Faintuch J, Ceconenello I. Effects of continuous versus bolus infusion of enteral nutrition in critical patients. Med S Paulo. 2003;58(1):9-14.

Steevens EC, Lipscomb AF, Pool GV, Sacks GS. Comparison of continuous vs intermittent nasogastric enteral feeding in trauma patients: Perceptions and practice. Nutrition in Clinical Practice. 2002;17(2):118-122.

Kocan MJ, Hickisch SM. A comparison of continuous and intermittent enteral nutrition in NICU patients. Journal of Neuroscience Nursing. 1986;18(6)334-337.

Ciocon JO, Galindo-Ciocon DJ, Tiessen C, Galindo D. Continuous compared with intermittent tube feeding in the elderly. JPEN. 1992;16(6):525-528.

PICO 4
RCT der tester effekten af individualiseret ernæringsplaner

RCT der tester effekten af individualiseret ernæringsplaner								
Forfatt er år	Populati on	Intervention	Kontrol	Outcomes	Intervention efter 3 mdr. Antal/popul ation	Kontrol efter 3 mdr. Antal/popul ation		
На,	Patienter	Individuel	Standard plan	Vægttab>5	12/58	24/66		
2010	indlagt	ernæringsplan	efter	%	2,3 (2,7)	-0,3 (4,9)		
	med	der blev justeret	ordinerendes	Forandring	(CI 95% 1,3	(CI 95% -		
	stroke	i forhold til pt's	læges	i handgrip	(-3,3)	1,5-1,0		
	N=170	ernærings	vurdering	QoL	16/23	6/23		
	(84 vs	behov og	_	(øgning)				
	86)	mulighed for						
	Opfølgni	indtagelse og						
	ng 3	vejledning ved						
	mdr. 58	udskrivelse						
- 1	vs 66	-	3.5.1.		00 (00 55)	00 (00 1)		
Peders	Enlige	Individuel	Medgives	Funktionsni	90 (20,25)	89 (22,1)		
en,	geriatrisk	ernæringsplan	genoptræning	veau 8-12				
2016	e pt'er	og opfølgning	splan	uger efter				
	incl	ved besøg fra sygehus	incl. Beskrivelse	udskrivelse				
	neurolog iske	hjemme 4 +8	af					
	lidelser.	uger og	ernæringspro					
	Alder	hjemmeplejen	blem-					
	86,4 (77-	Injenimeprejen	stillinger					
	103)							
	N=140							
	(73 vs							
	67)							
Peders	Enlige	Individuel	Medgives	Genindlægg	13/73	26/67		
en,	geriatrisk	ernæringsplan	genoptræning	else 90				
2017	e pt'er	og opfølgning	splan	dage				
	incl	ved besøg fra	incl.					
	neurolog	sygehus	Beskrivelse					
	iske lidelser.	hjemme 4 +8	af ernæringenro					
	Alder	uger og hjemmeplejen	ernæringspro blem-					
	86,4 (77-	injenimepiejen	stillinger					
	103)		Julinger					
	N=140							
	(73 vs							
	67)							
Terp,	Geriatris	Ved	Ved	Genindlægg	26/67	23/67		
2018	ke pt'er i	udskrivelse:	udskrivelsen:	else 90 dg.				
	ernæring	Individuel	Ernæringsmæ	Mortalitet				
	s-mæssig	ernærings plan,	ssige	90 dg	10/67	9/67		
	risiko,	systematisk	problemstillin	120 dg	12/67	10/67		

N=150	opfølgende	ger blev	Funktionsni	84,2 (22,1)	70,6 (19,9)
(74 vs	besøg af	dokumenteret	veau		
76)	hjemmesygeplej	– ingen			
	erske, 1, 4 og 8	systematisk			
	uger efter	opfølgning			
	udskrivelsen	planlagt			

Ha L, Hauge T, Iversen PO. Individual, nutritional support prevents undernutrition, increases muscle strength and improves QoL among elderly at nutritional risk hospitalized for acute stroke: A randomized, controlled trial. Author links open overlay panel. Clinical Nutrition. 2010;29(5):567-573.

Pedersen JL, Pedersen PU, Damsgaard EM. Early nutritional follow-up after discharge prevents, deterioration of ADL functions in malnourished, independent geriatric patients who live alone – a randomized clinical trial. J Nutr Health Aging. 2016;20(8):845-853.

Pedersen JL, Pedersen PU, Damsgaard EM. Nuttritional follow-up after discharge prevents readmission to hospital – a randomized clinical trial. J Nutr Health Aging. 2017;21(1):75-82. Terp R, Jacobsen KO, Kannegaard, Larsen A-M, Madsen OR, Noisen E. A nutritional intervention program improves the nutritional status of geriatric patients at nutritional risk – a randomized control trial. Clinical Rehabilitation. 2018;32(7):930-941.