Bilag 6: Evidenstabeller (GRADE profiler)

Question: Should systematic oral hygiene vs usual oral hygiene be used for infections? **Settings:** Hospital

Quality assessment							No of patients		Effect			Importan
No of studi es	Design	Risk of bias	Inconsiste ncy	Indirectn ess	Imprecisi on	Other considerati ons	Systema tic oral hygiene	Usual oral hygie ne	Relati ve (95% Cl)	Absol ute	Quality	Ce
Lower respiratory tract infections (follow-up 5-10 days; assessed with: diagnosed by the criteria set by CDC-P)												
		seriou s ¹	no serious inconsisten cy	no serious indirectne ss		none	56/857 (6.5%)	108/8 20 (13.2 %)	0.54	per	⊕⊕⊕O MODERA TE	CRITICA L
Deep s	surgical s	ite infe	ction (follow	w-up 5-10	days; asse	essed with: [Diagnosed	0% d by th	e criter	- ia set b	y CDC-P)	
		seriou s²	no serious inconsisten cy	no serious indirectne ss		none	17/808 (2.1%)	35/79 9 (4.4%)	0.40	26 fewer per 1000 (from 7 fewer to 32 fewer) -	⊕⊕⊕O MODERA TE	CRITICA L
Nosoc	Nosocomial infection (follow-up 5-10 days; assessed with: Diagnosed by the criteria set by CDC-P)											
		-	no serious inconsisten cy	no serious indirectne ss		none	127/658 (19.3%)	193/6 49 (29.7 %)	0.54	137 fewer per 1000 (from	⊕⊕⊕⊕ HIGH	CRITICA L



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Urinar	y tract inf	ection	(follow-up {	5-10 days;	assessed	with: Diagno	osed by th	0% ne crite		89 fewer to 172 fewer) - by CDC	C-P)	
3			no serious	no serious	no	none	35/808	44/79	RR	12	$\oplus \oplus \oplus \Theta$	CRITICA
	ed trials	s ³	inconsisten	indirectne	serious		(4.3%)	9	0.79	fewer	MODERA	L
			су	SS	imprecisi			(5.5%	(0.51	per	TE	
					on)	to	1000		
									1.21)	(from		
										27		
										fewer		
										to 12		
										more)		
								0%		-		

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Z trials were controlled trials without randomization.
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2 OR 3 OR 4 OR 5 OR 6) AND 7





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