Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

Literature search results

Search completed for: Nasogastric feeding in patients who have suffered a stroke/CVA

Search details

NHS Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar

Database search terms: stroke, stroke rehabilitation, stroke patients, nasogastric feeding, enteral nutrition, feeding

Google search string: stroke, nasogastric feeding

Summary

Range of resources identified.

Guidelines

Guidelines for the provision of a percutaneously placed enteral tube feeding service 2011.

Nutrition and dietetics concise guide for stroke 2008. Royal College of Physicians


Guidelines for enteral feeding in adult hospital patients 2003.

Evidence-based reviews

Percutaneous endoscopic gastrostomy versus nasogastric tube feeding for adults
with swallowing disturbances 2011.

Interventions for dysphagia in acute stroke 2009.

Timing and route of enteral tube feeding did not affect death or combined death or poor outcome in stroke and dysphagia 2006.

Pneumonia in acute stroke patients fed by nasogastric tube 2004.

FOOD: a multicentre randomised trial evaluating feeding policies in patients admitted to hospital with a recent stroke 2006.

Management of patients with stroke: Identification and management of dysphagia SIGN 2010.

Published research

1. Early enteral nutrition with whey protein or casein in elderly patients with acute ischemic stroke: A double-blind randomized trial.
   Author(s): de Aguilar-Nascimento, José Eduardo, Prado Silveira, Bruno Regis, Dock-Nascimento, Diana Borges
   Citation: Nutrition, 01 April 2011, vol./is. 27/4(440-444), 08999007
   Publication Date: 01 April 2011
   Abstract: Objective: The aim of this study was to investigate the effects of an early enteral formula containing whey protein, in comparison to a standard enteral formula containing casein as the protein source, on the levels of glutathione and inflammatory markers in aged patients with acute ischemic stroke. Methods: Thirty-one elderly patients (12 males and 19 females; median age = 74 [range, 65–90] y old) with ischemic stroke were randomized to receive early nasogastric feeding (35 kcal/kg/d and 1.2 g of protein/kg/d) with either a formula containing hydrolyzed casein (casein group, n = 16) or another isocaloric and isonitrogenous formula containing hydrolyzed whey protein (WP group, n = 15) for 5 d. The primary endpoints of the study were the changes in the serum levels of glutathione peroxidase, C-reactive protein (CRP), and interleukin 6 (IL-6). Results: Twenty-five patients completed the study (10 in the WP group and 15 in the casein group). Mortality was similar between groups (33%; P = 1.00) and was associated with higher serum IL-6 (73.7 ± 24.7 versus 16.6 ± 2.4 pg/dL; P = 0.04) and CRP (82.0 ± 35.6 versus 48.3 ± 14.5 mg/L; P = 0.02) levels. Albumin levels dropped from the first to the fifth feeding day only in the casein group (P < 0.01). Serum IL-6 decreased (62.7 ± 47.2 to 20.6 ± 10.3 pg/dL; P = 0.02) and glutathione increased (32.2 ± 2.1 to 39.9 ± 6.8 U/G Hb; P = 0.03) only in the WP group. Serum IL-6 was lower (P = 0.03) and glutathione was higher (P = 0.03) in whey protein-fed patients than in the casein group. Conclusion: Enteral formula containing whey protein may decrease inflammation and increase antioxidant defenses in elderly patients with ischemic stroke, compared to casein-containing formula.
   Source: CINAHL
   Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

   Author(s): Beavan, J, Conroy, S, Harwood, R
   Citation: Age & Ageing, September 2010, vol./is. 39/5(624-30), 0002-0729 (2010 Sep)
   Publication Date: September 2010
   Abstract: Research by randomised controlled trial evaluating the use of a nasal loop to secure nasogastric tubes (NGTs) in acute stroke patients with dysphagia. The proportion of prescribed feed and fluid delivered via looped NGT feeding over 2 weeks was compared with that of conventional NGT feeding. The cost-effectiveness and tolerability of the loop was also assessed. 29 refs.
3. Resting energy expenditure in stroke patients who are dependent on tube feeding: a pilot study.

**Author(s):** Leone A, Pencharz PB  
**Citation:** Clinical Nutrition, 01 June 2010, vol./is. 29/3(370-372), 02615614  
**Publication Date:** 01 June 2010  
**Abstract:** BACKGROUND & AIMS: Energy requirements of chronic stroke patients are not known. The purpose was to determine the energy requirements of stable stroke patients who are tube fed. METHODS: Resting energy expenditure was measured in tube fed, chronic stroke patients (n=10) using indirect calorimetry. Fat free mass was then measured using bioelectrical impedance to determine the relationship between fat free mass and resting energy expenditure. The results were compared to a healthy control group (n=57), using multivariate analysis of variance (MANOVA). RESULTS: Fat free mass was significantly lower in the stroke group (42.2+/-2.3kg) than the controls (51.0+/-1.5kg) (p<0.02). Adjustment of resting energy expenditure for fat free mass brought the mean resting energy expenditure of the stroke group (5439+/-235kJ/d) closer to that of the controls (6336+/-149kJ/d) than the original measured values. However, adjusted resting energy expenditure remained significantly lower for the stroke group than for the control group (p<0.02). CONCLUSIONS: Resting energy expenditure and hence energy needs of chronically tube fed stroke survivors appear to be reduced.

4. Introducing enteral nutrition support: ethical considerations.

**Author(s):** Best C  
**Citation:** Nursing Standard, 19 May 2010, vol./is. 24/37(41-45), 00296570  
**Publication Date:** 19 May 2010  
**Abstract:** This article explores the potential benefits of, or problems associated with, the insertion of a feeding tube to commence enteral nutrition. Some of the issues that may arise when a patient is no longer able to meet their nutritional needs orally are discussed.

5. Reduced incidence of aspiration with spoon-thick consistency in stroke patients.

**Author(s):** Diniz PB, Vanin G, Xavier R, Parente MA  
**Citation:** Nutrition in Clinical Practice, 01 June 2009, vol./is. 24/3(414-418), 08845336  
**Publication Date:** 01 June 2009  
**Abstract:** BACKGROUND: Dysphagia and aspiration occur frequently in stroke patients. The aim of the present study was to evaluate 2 consistencies (liquid and spoon-thick/pudding-like) regarding the risk of aspiration and to determine the usefulness of a bedside speech therapy assessment to predict risk of aspiration. METHODS: This randomized, crossover clinical trial was carried out April to August 2001 at a university hospital. Sixty-one inpatients diagnosed with acute phase or prior stroke received liquid and spoon-thick (pudding-like) feeds during nasoendoscopy and bedside clinical assessment. RESULTS: Aspiration occurred in only 3 patients with the spoon-thick consistency vs 21 with the liquid consistency (relative risk=0.13; 95% confidence interval=0.04-0.39; P<.001).
The bedside assessment had a sensitivity of 81% and a specificity of 70.8% to detect risk of aspiration. CONCLUSIONS: The use of a spoon-thick consistency reduced the risk of aspiration compared with the liquid consistency. Clinical assessment was useful to predict aspiration, although the probability of dysphagia in the presence of a negative clinical assessment (29%) is a reason for concern.

Source: CINAHL
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Horsburgh, D, Rowat, A, Mahoney, C
Citation: Br J Neuroscience Nursing, May 2008, vol./is. 4/5(230-4), 1747-0307 (2008 May)
Publication Date: May 2008
Abstract: Grounded theory research in Scotland exploring the use of interventions such as hand mittens to prevent nasogastric tube-tugging following stroke. The perspectives of patients, their families and health professionals were explored and themes including harm, benefit, autonomy and justice and tube insertion concerns were discussed. 18 refs.
Source: BNI
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

7. Age differences in fluid balance and serum Na+ and K+ levels after nasogastric tube feeding in stroke patients: elderly vs nonelderly.
Author(s): Oh H, Seo W
Citation: JPEN Journal of Parenteral & Enteral Nutrition, 01 July 2006, vol./is. 30/4(321-330), 01486071
Publication Date: 01 July 2006
Abstract: BACKGROUND: Enteral nutrition support has been commonly used to improve nutrition status in acute stroke patients. The purpose of this study was to examine whether significant alterations in fluid and serum Na+ and K+ levels due to nasogastric tube feeding depended on patient age. METHODS: This study was conducted by retrospective review of the medical records of tube-fed patients with acute brain infarction who had been hospitalized in a university hospital. RESULTS: Rates of overhydration were high before tube feeding in both elderly and nonelderly stroke patients. This overhydration rate became more prevalent after iso-osmolar tube feeding in the elderly but decreased somewhat in the nonelderly subjects, and this difference in fluid balance after tube feeding between the elderly and nonelderly was statistically significant. Contrary to fluid balance, serum Na+ and K+ concentrations were no different in the elderly and nonelderly patients after tube feeding. CONCLUSIONS: Although the results showed that overhydration state was prominent after tube feeding in the elderly, it appeared that there was a very mild clinical impact because the osmolality and serum sodium were not changed in this group. However, more attention to the maintenance of fluid balance in the elderly tube-fed stroke patients is needed because elderly patients have great difficulty in maintaining a normal fluid balance.
Source: CINAHL
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

8. FOOD: a multicentre randomised trial evaluating feeding policies in patients admitted to hospital with a recent stroke... Feed Or Ordinary Diet.
Author(s): Dennis M, Lewis S, Cranswick G, Forbes J
Citation: Health Technology Assessment, 01 January 2006, vol./is. 10/2(0-123), 13665278
Publication Date: 01 January 2006
Abstract: Objectives: To determine whether routine oral nutritional supplementation of a normal hospital diet improves outcome after stroke (Trial I); whether early tube feeding improves the outcomes of dysphagic stroke patients (Trial 2); and if tube feeding via a percutaneous endoscopic gastrostomy (PEG) results in better outcomes than that via a
9. Malnutrition determined by the patient-generated subjective global assessment is associated with poor outcomes in acute stroke patients.

**Author(s):** Martineau J, Bauer JD, Isenring E, Cohen S

**Citation:** Clinical Nutrition, 01 December 2005, vol./is. 24/6(1073-1077), 02615614

**Publication Date:** 01 December 2005

**Abstract:** BACKGROUND & AIMS: The extent of malnutrition in hospitalised stroke patients and its influence on outcomes including hospital complications, length of stay and discharge destination are important issues. The aim of this study was to determine the nutritional status of patients admitted to an acute stroke unit and the association between nutritional status and health outcomes. METHODS: Nutritional status was determined prospectively using the scored patient generated subjective global assessment (PG-SGA) in patients (n=73) admitted to an acute stroke unit within 48 h of admission to an Australian private hospital. Outcome data were collected by retrospective audit. RESULTS: On admission, 19.2% of patients were malnourished and this was associated with a significantly greater PG-SGA score (15 vs. 5) and lower body weight (59.8 kg vs. 75.8 kg) compared to well-nourished patients. In terms of health outcomes, malnourished patients had longer length of stay (13 vs. 8 days), increased complications (50% vs. 14%), increased frequency of dysphagia (71% vs. 32%) and enteral feeding (93% vs. 59%). No association was found between nutritional status and serum albumin level or discharge destination. CONCLUSIONS: Malnutrition on admission to hospital after acute stroke is associated with poor outcomes including increased length of stay and increased prevalence of dysphagia and complications. The scored PG-SGA is a nutrition assessment tool that allows quick identification of malnourished stroke patients.

**Source:** CINAHL

**Full Text:** Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.


**Author(s):** Corcoran, L

**Citation:** Nursing Times, November 2005, vol./is. 101/48(24-7), 0954-7762 (2005 29 Nov)

**Publication Date:** November 2005

**Abstract:** Nursing care for patients who have swallowing problems following a stroke. Methods for swallowing assessment and nutritional assessment are described and guidance on hydration, nutrition and feeding is given. 27 refs.

**Source:** BNI

**Full Text:** Available in print at Grantham Hospital Staff Library
Available in print at a ULHT/ non-ULHT hospital library. For articles outside fulltext dates, click and complete an online form to request them.
Available in print at Pilgrim Hospital Staff Library
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection
Available in print at Lincoln County Hospital Professional Library

11. Timing and route of enteral tube feeding did not affect death or combined poor outcome in stroke and dysphagia.

**Author(s):** Lindeboom R

**Citation:** Evidence Based Nursing, 01 October 2005, vol./is. 8/4(117-117), 13676539

**Publication Date:** 01 October 2005

**Abstract:** In patients with recent stroke and dysphagia, does early initiation of enteral tube feeding (ETF) (v no tube feeding for >=7d) improve outcomes (study 1)? In these patients, does ETF by percutaneous endoscopic gastrostomy (PEG) (v nasogastric [NG] tube) improve outcomes (study 2)?

**Source:** CINAHL

**Full Text:** Available in fulltext at Highwire Press
12. Timing and route of enteral tube-feeding did not reduce death or poor outcome in stroke and dysphagia.

Author(s): Holloway R
Citation: ACP Journal Club, 01 September 2005, vol./is. 143/2(37-38), 10568751
Publication Date: 01 September 2005
Source: CINAHL
Full Text: Available in fulltext at EBSCOhost
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.


Citation: Irish Nurse, May 2005, vol./is. 7/7(23-5), 1463-3817 (2005 May)
Publication Date: May 2005
Abstract: Assessment of swallowing difficulties and risk factors such as pneumonia, aspiration and undernutrition following stroke. Procedures for swallowing and nutritional screening are described and advice on oral supplements and tube feeding is included.
Source: BNI
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

14. Effect of timing and method of enteral tube feeding for dysphagic stroke patients (FOOD): a multicentre randomised controlled trial.

Author(s): Dennis, M, Lewis, S, Warlow, C
Citation: Lancet, February 2005, vol./is. 365/9461(764-72), 0140-6736 (2005 26 Feb)
Publication Date: February 2005
Abstract: Research from the FOOD Trial Collaboration (feed or ordinary diet) to assess whether the timing and route of enteral tube feeding after stroke affected patient outcomes at 6 months. Dysphagic patients in 1 trial were allocated either to early enteral tube feeding or no tube feeding for more than 7 days and in the other to percutaneous endoscopic gastrostomy (PEG) or nasogastric feeding. 22 refs.
Source: BNI
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

15. Effects of nasogastric tube feeding on serum sodium, potassium, and glucose levels.

Author(s): Oh, H, Suh, Y, Hwang, S
Citation: J Nursing Scholarship, 2005, vol./is. 37/2, 1527-6546 (2005)
Publication Date: 2005
Abstract: Research on changes in serum sodium, potassium and glucose levels after nasogastric tube feeding in ischaemic stroke or brain infarction patients. The advantages and disadvantages of enteral nutrition in stroke patients, including hyperglycaemia, are discussed. 16 refs.
Source: BNI
16. Stroke patients with dysphagia more likely to survive if fed by nasogastric tube.
Citation: Nursing Times, 07 September 2004, vol./is. 100/36(6-6), 09547762
Publication Date: 07 September 2004
Source: CINAHL
Full Text: Available in fulltext at EBSCOhost

17. Is tube feeding associated with altered arterial oxygen saturation in stroke patients?
Author(s): Dutta, D, Bannerjee, M, Chambers, T
Citation: Age & Ageing, September 2004, vol./is. 33/5(493-6), 0002-0729 (2004 Sep)
Publication Date: September 2004
Abstract: Research to determine whether tube feeding is associated with hypoxia in stroke patients. 20 refs.
Source: BNI
Full Text: Available in fulltext at Highwire Press

18. Preventing glycaemic excursions in diabetic patients requiring percutaneous endoscopic gastrostomy (PEG) feeding after a stroke.
Author(s): Kerr, D, Hamilton, P, Cavan, D
Citation: Diabetic Medicine, December 2002, vol./is. 19/12(1006-8), 0742-3071 (2002 Dec)
Publication Date: December 2002
Abstract: Quantitative research at the Royal Bournemouth Hospital on a structured enteral feeding programme. 14 refs.
Source: BNI
Full Text: Available in fulltext at EBSCOhost

19. Meeting the nutritional needs of patients with severe dysphagia following a stroke: an interdisciplinary approach.
Author(s): Rodrigue N, Côté R, Kirsch C, Germain C, Couturier C, Fraser R
Citation: AXON/ L’AXONE, 01 March 2002, vol./is. 23/3(31-37), 08347824
Publication Date: 01 March 2002
Abstract: Dysphagia is a common problem with individuals who have experienced a stroke. The interdisciplinary stroke team noted delays in clinical decision-making, or in implementing plans for patients with severe dysphagia requiring an alternative method to oral feeding, such as enteral feeding via Dobhoff (naso-jejenum) or PEG (percutaneous endoscopic gastrostomy) tubes, occurred because protocols had not been established.
This resulted in undernourishment, which in turn contributed to clinical problems, such as infections and confusion, which delayed rehabilitation and contributed to excess disability.

**Source:** CINAHL

**Full Text:**
Available in *print* at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

<table>
<thead>
<tr>
<th>20. <strong>Safe feeding methods in stroke patients.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s):</strong> Finestone HM</td>
</tr>
<tr>
<td><strong>Citation:</strong> Lancet, 13 May 2000, vol./is. 355/9216(1662-1663), 00995355</td>
</tr>
<tr>
<td><strong>Publication Date:</strong> 13 May 2000</td>
</tr>
<tr>
<td><strong>Source:</strong> CINAHL</td>
</tr>
<tr>
<td><strong>Full Text:</strong></td>
</tr>
<tr>
<td>Available in <em>fulltext</em> at EBSCOhost</td>
</tr>
<tr>
<td>Available in <em>print</em> at Grantham Hospital Staff Library</td>
</tr>
<tr>
<td>Available in <em>print</em> at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. <strong>PEG feeding tube placement following a stroke: when to place, when to wait.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s):</strong> Scolapio JS, Romano M, Meschia JF, Tarrosa V, Chukwudelunzu FE</td>
</tr>
<tr>
<td><strong>Citation:</strong> Nutrition in Clinical Practice, 01 February 2000, vol./is. 15/1(36-39), 08845336</td>
</tr>
<tr>
<td><strong>Publication Date:</strong> 01 February 2000</td>
</tr>
<tr>
<td><strong>Abstract:</strong> Background: When to place a percutaneous endoscopic gastrostomy (PEG) feeding tube in acute poststroke patients remains controversial. The aim of this study was to determine clinical predictors of long-term enteral feeding following a stroke. Method: Medical records of patients at St. Luke's Hospital (Mayo Clinic) from 1995 to 1998 were reviewed for acute stroke that resulted in PEG placement. Comorbid medical illness, stroke subtypes, Glasgow score, swallow evaluation, and time of PEG placement to discontinuation or death were recorded. Results: Thirty-two patients were eligible for study. Mean follow-up was 4 months poststroke. Mean age was 71.3 years. Twenty-five patients had an ischemic stroke, and 7 had primary intracranial hemorrhage. Swallow evaluation was abnormal in 21 of the 23 patients tested. A PEG tube was placed a mean of 8.4 days poststroke in all patients studied. At final follow-up, only 5 surviving patients regained swallowing function in less than 4 weeks and no longer required the PEG. These patients were younger, had mild dysphagia, and had less comorbid medical illness and ischemic strokes compared with the group who did not regain swallow function in 4 weeks. Conclusion: Nonhemorrhagic stroke, mild oropharyngeal dysphagia, limited comorbidities, and younger age help predict patients that may need nutrition support for &lt;4 weeks following a stroke. These patients may best be served with temporary nasogastric feeding tubes.</td>
</tr>
<tr>
<td><strong>Source:</strong> CINAHL</td>
</tr>
<tr>
<td><strong>Full Text:</strong></td>
</tr>
<tr>
<td>Available in <em>print</em> at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. <strong>A randomized, controlled, single-blind trial of nutritional supplementation after acute stroke.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s):</strong> Gariballa SE, Parker SG, Taub N, Castleden CM</td>
</tr>
<tr>
<td><strong>Citation:</strong> JPEN Journal of Parenteral &amp; Enteral Nutrition, 01 September 1998, vol./is. 22/5(315-319), 01486071</td>
</tr>
<tr>
<td><strong>Publication Date:</strong> 01 September 1998</td>
</tr>
<tr>
<td><strong>Abstract:</strong> BACKGROUND: Although stroke patients who do not have difficulty swallowing may be at risk of undernutrition and worsening nutritional status during hospitalization, optimum methods for nutrition intervention in stroke patients have not been established. AIM: To examine the feasibility of enteral sip feeding as an effective nutrition intervention after acute stroke. METHODS: Forty-two acute ischemic stroke inpatients with impaired nutritional status who did not have difficulty swallowing within 1 week after the stroke were entered into a single-blind, randomized, controlled, prospective study of enteral sip feeding. Twenty-one patients were randomized to receive daily oral food supplements for 4 weeks in addition to the hospital food, and 21 patients received only the hospital food for the same period. Main outcome measures were energy and protein intakes during the intervention period, change in nutritional status, disability, infective complications, length of stay, and</td>
</tr>
</tbody>
</table>
mortality during hospitalization and at 3 months. RESULTS: Two patients, one from each group, were lost to follow-up immediately after randomization. Twenty patients received oral nutritional supplementation. The energy intake was significantly greater in the supplemented group: 1807 +/- 318 vs 1084 +/- 343 kcal/d (mean +/- SD; p < .0001) (estimated treatment effect, 723 kcal/d; 95% confidence interval [CI], 498 to 947), as was protein intake: 65.1 +/- 13.8 vs 44.1 +/- 12.8 g/d (p < .001) (estimated treatment effect, 21.0 g/d; 95% CI, 11.7 to 30.3). There also were significant differences between the two groups in the changes in serum albumin and serum iron concentrations between randomization and at follow-up. There was a trend to lower mortality at 3 months in the supplemented group with two deaths (10%) compared with seven deaths (35%) in the control group (p = .127, relative risk, 0.29; 95% CI, 0.07 to 1.21). CONCLUSIONS: This study suggests that enteral sip feeding is effective in improving nutritional intake and status in stroke patients who do not have swallowing difficulties. There also may be some beneficial effects on clinical outcome, but larger studies are required to confirm this observation and define more precisely the magnitude of any favorable effects.

Source: CINAHL

Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

23. **Current feeding policies for patients with stroke.**
**Author(s):** Hayes, J
**Citation:** Br J Nursing, May 1998, vol./is. 7/10(580-8), 0966-0461 (1998 28 May)
**Publication Date:** May 1998
**Abstract:** Survey of practice at St James’s Hospital, Leeds in feeding strategies for patients with swallowing or other problems. 30 refs.
**Source:** BNI

Full Text: Available in fulltext at EBSCOhost
Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

24. **Artificial feeding for elderly patients after stroke.**
**Author(s):** O’Mahony, D, McIntyre, A
**Citation:** Age & Ageing, November 1995, vol./is. 24/6(533-5), 0002-0729 (1995 Nov)
**Publication Date:** November 1995
**Abstract:** Compares nasogastric tube to percutaneous endoscopically placed gastrostomy. 19 refs.
**Source:** BNI

Full Text: Available in print at a ULHT/ non-ULHT hospital library. For articles outside fulltext dates, click and complete an online form to request them.

---

**Google Scholar**

*From 1st 50 results…*

Effect of malnutrition after acute stroke on clinical outcome
A Dávalos, W Ricart, F Gonzalez-Huix, S Soler… - *Stroke*, 1996 - Am Heart Assoc
... enteral diet was continuously infused into the stomach (or the duodenum in comatose patients)
through a fine-bore **nasogastric feeding** tube with ... Patients were classified into two groups
according to functional capacity 1 month after the acute **stroke**: (1) good outcome, including ...

Percutaneous endoscopic gastrostomy feeding after acute dysphagic **stroke**.
Mortality associated with nasogastric tube feeding was high.
... 1 Norton B, Homer-Ward M, Donnelly MT, Long RG, Holmes GKT. A
randomised
prospective comparison of percutaneous endoscopic gastrostomy and
nasogastric
feeding after acute dysphagic stroke. BMJ 1996;312:13-6. (6 January.) ...