



實證護理最佳資源  
JBI Resource on Ovid



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FlySheet  
Med-Informatics

# What is Joanna Briggs Institute

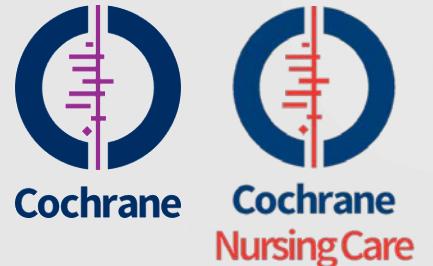
## • Joanna Briggs Institute (JBI)

- 附屬於澳洲阿德雷德大學
- 國際公認實證實務資訊權威機構之一
- 其開發的實證基礎實務模式，被醫療照護產業視為基準指標。
- 與全球 70 多個實證照護中心合作，提供經由研究分析、評價、專家評論編輯而成，同時兼顧研究的質與量之實證實務資訊。



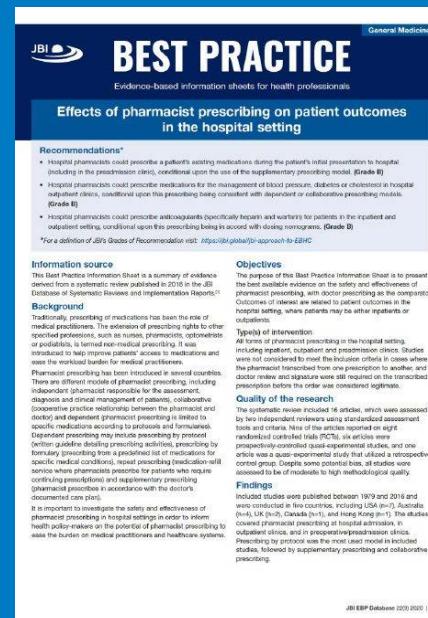
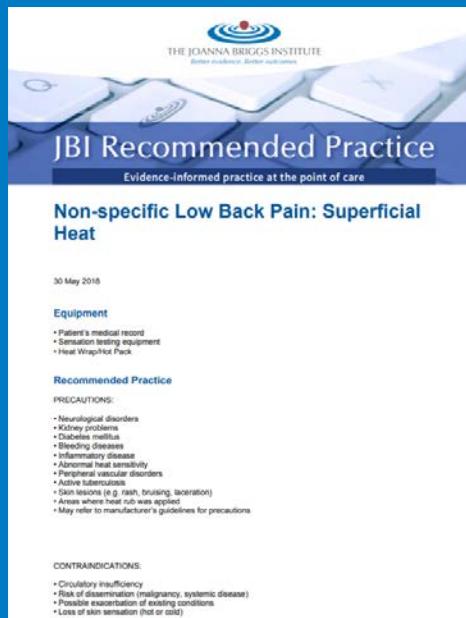
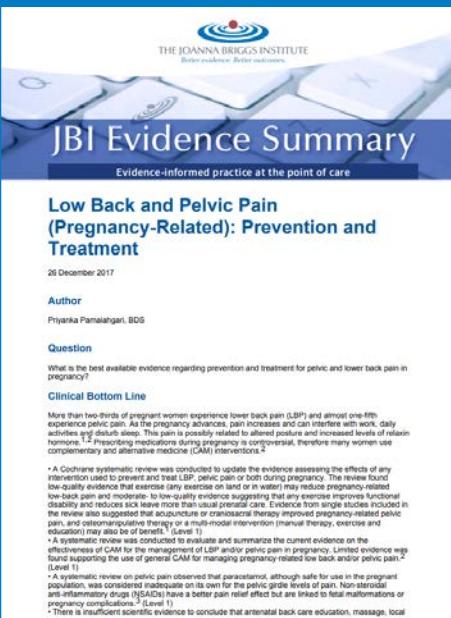
# What is Joanna Briggs Institute

- JBI 的資源特色
  - JBI 清楚的提供醫護人員可以立即運用在臨床的作法
  - 非提供冗長的治療方式比較與研究過程。
  - 在國際間醫療單位的使用經驗上，能確實地大大提高工作上的效率與病患安全。



# JBI EBP Database on Ovid

- JBI的實證實務資料庫是一個線上全文資源，供醫護人員在臨床照護時快速獲取各種臨床主題的最佳可用證據，逾4,500個JBI證據摘要、推薦做法和最佳實踐方案。



## EBP的重要性



EBP是指臨床照護者在做臨床介入的照護決定之前，需透過詳盡地辨認、評估和應用最適當的臨床相關證據去治療他們的個案



治療者做介入照護時，需要了解及使用當前最新的研究證據，最受支持的療法去治療他們的患者。

Aged Care 老年保健	Emergency & Trauma 急診與創傷	Pediatrics 小兒科
Burns Care 燒傷護理	General Medicine 一般用藥	Rehabilitation 復健
Cancer Care 癌症護理	Health Management & Assessment 健康管理與評估	Renal Care 腎臟護理
Cardiovascular Care 心血管護理	Infection Control • 感染控制	Surgical Services 手術服務
Chronic Disease 慢性病	Mental Health 精神健康	Tropical and Infectious Disease 热帶和傳染病
Diagnostic Imaging 影像診斷	Midwifery Care 助產護理	Wound Healing and Management 傷口癒合與管理

## JBI EBP Database 收錄主題

- JBI EBP Database 收錄七種文獻類型

- Evidence Summaries

- Recommended Practices

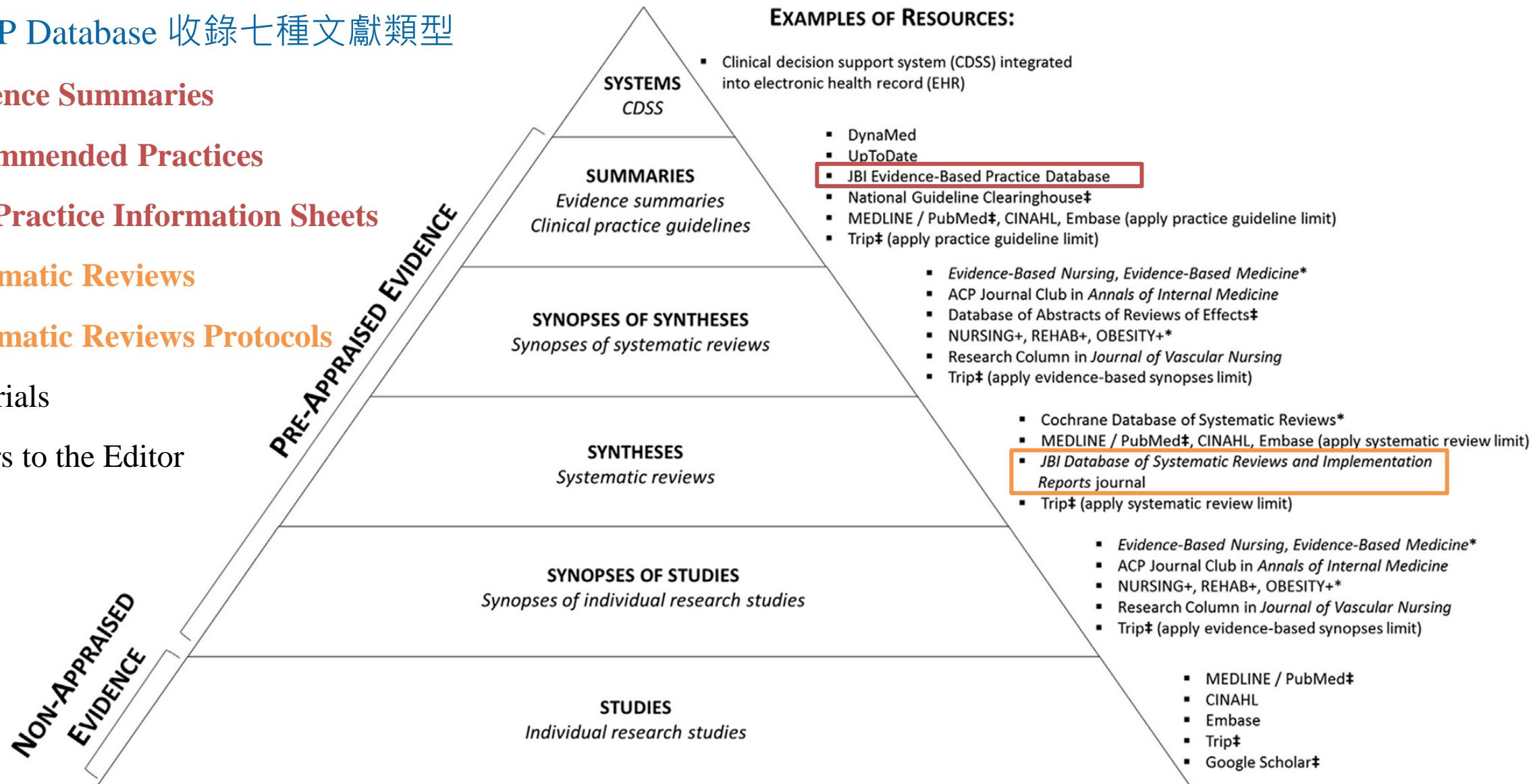
- Best Practice Information Sheets

- Systematic Reviews

- Systematic Reviews Protocols

- Editorials

- Letters to the Editor



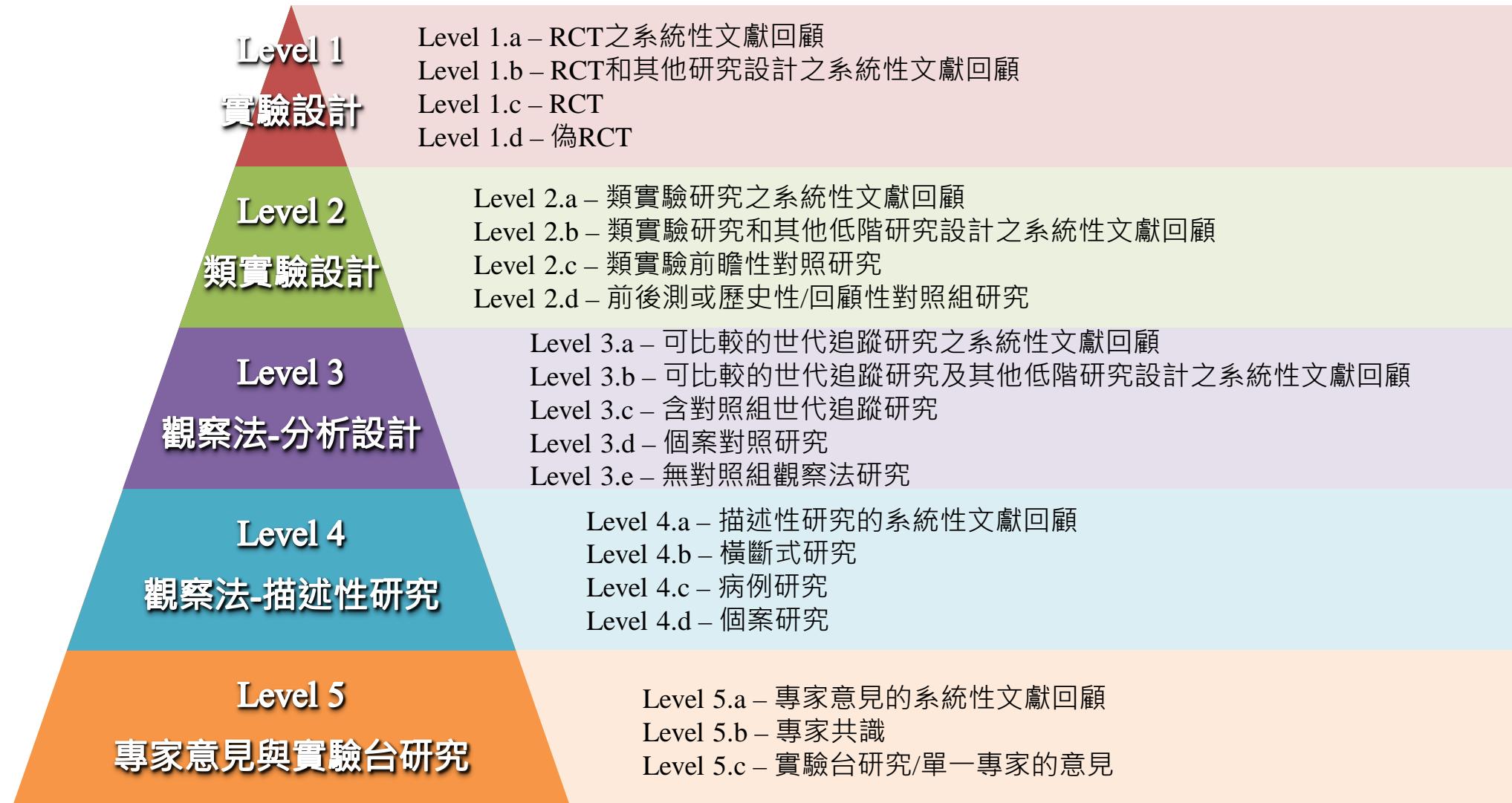
6S model of evidence with examples of resources from Jameson J, Walsh ME. Tools for evidence-based vascular nursing practice: Achieving information literacy for lifelong learning. *J Vasc Nurs.* 2017 Dec;35(4):201-210.

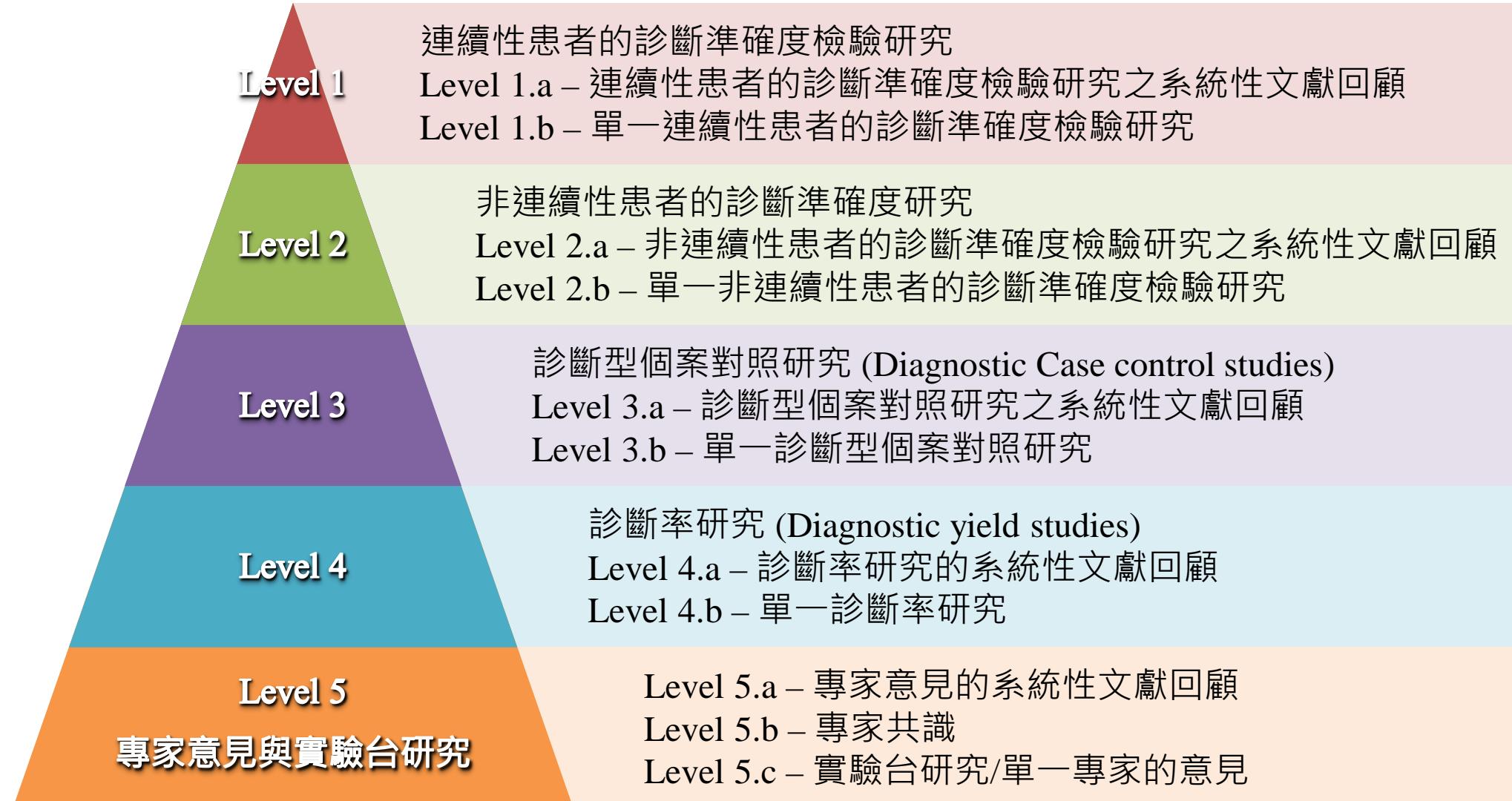
‡ = free access

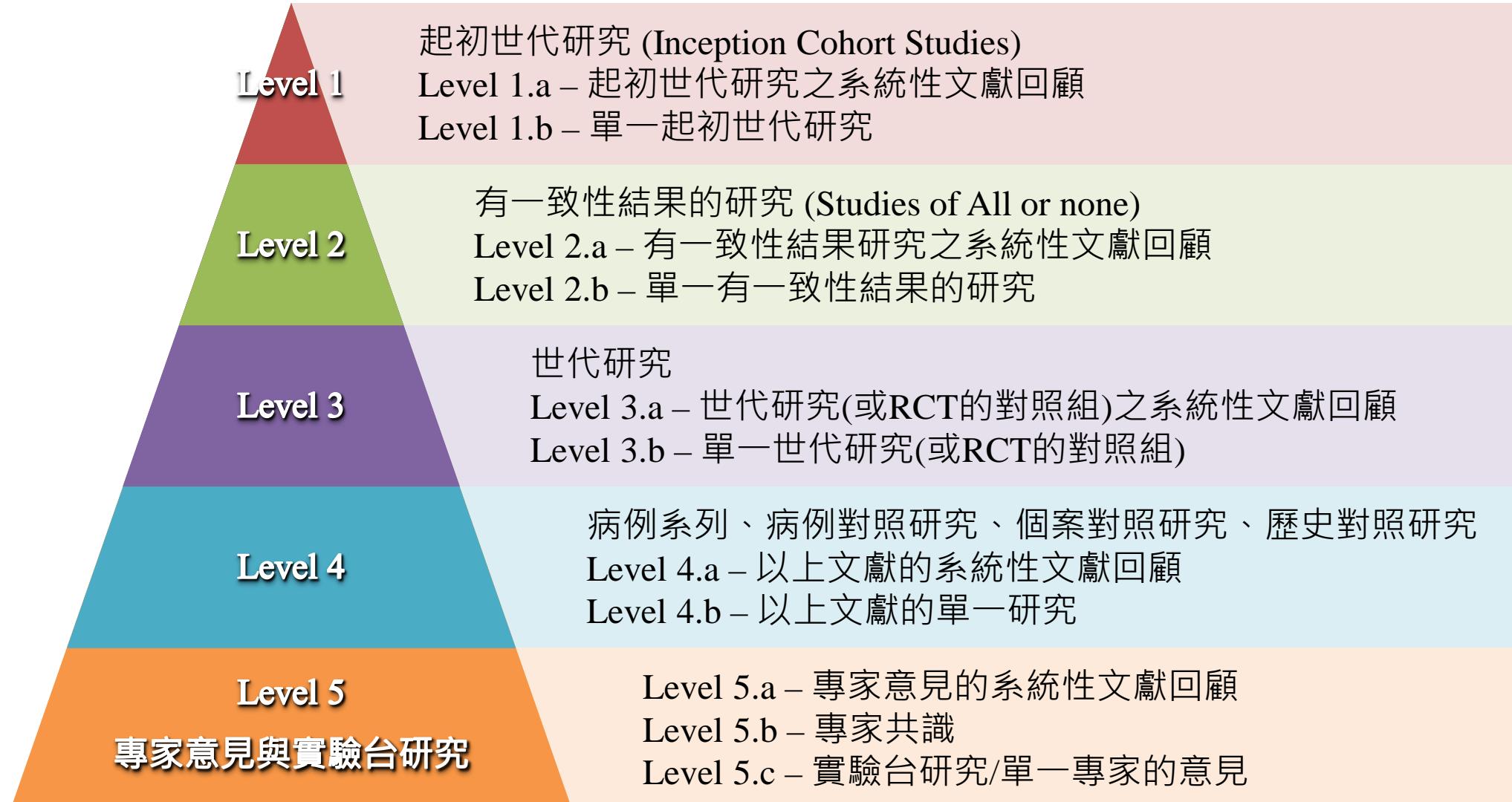
\* = partial free access

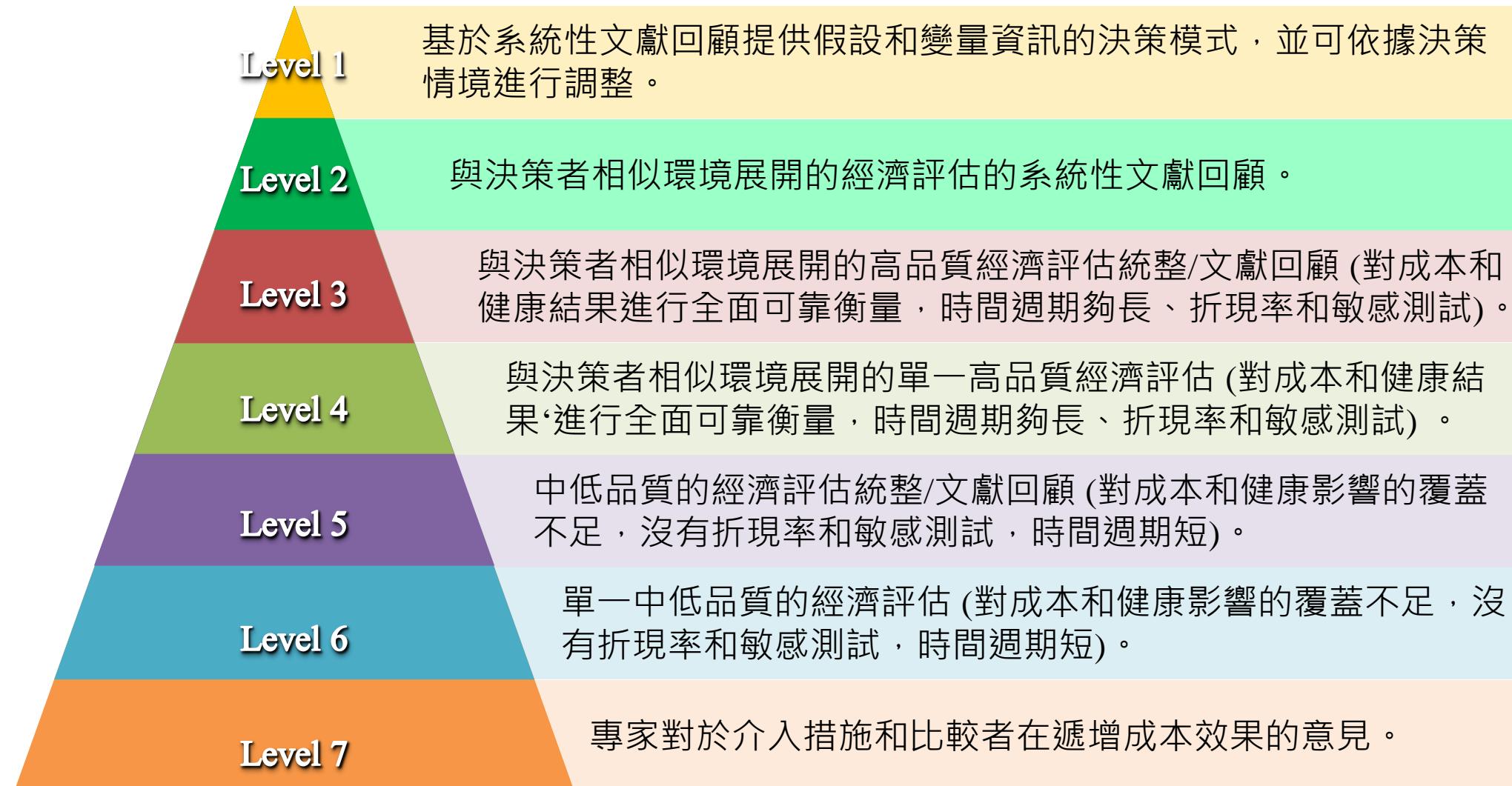
# JBI 證據等級 - 針對有效性的證據等級

From: 新JBI證據等級--針對有效性的證據等級.台灣護理學會實證健康照護知識館.











## A級

- 對於某種健康管理策略,符合下列條件即給予 “強” 建議：
  - 1)策略的期望效果超過不良效果是明確的;
  - 2)有充足品質的證據支持其使用;
  - 3)對資源使用有益或沒有影響;
  - 4)顧慮到病人價值觀，偏好和經驗。

## B級

- 對於某種健康管理策略,符合下列條件即給予 “弱” 建議：
  - 1)策略的期望效果似乎超過不良效果，然而不是明確的;
  - 2)有證據支持其使用，然而可能不是高品質的;
  - 3)對資源使用有益，沒有影響或影響最小;
  - 4)或多或少顧慮到病人價值觀，偏好和經驗。

# 文獻類型 - Evidence Summaries

- 針對常見臨床照護介入措施及方式，提供國際上實證的簡短摘要
- 結構化的檢索文獻方式，用來查詢實證照護資料庫

JBI Grades of Recommendation	
A 'strong' recommendation for a certain health management strategy where:	
Grade A	1. it is clear that desirable effects outweigh undesirable effects of the strategy; 2. where there is evidence of adequate quality supporting its use; 3. there is a benefit or no impact on resource use, and 4. values, preferences and the patient experience have been taken into account.
A 'weak' recommendation for a certain health management strategy where:	
Grade B	1. desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear; 2. where there is evidence supporting its use, although this may not be of high quality; 3. there is a benefit, no impact or minimal impact on resource use, and 4. values, preferences and the patient experience may or may not have been taken into account.

The screenshot shows a JBI Evidence Summary page. At the top right is the logo for THE JOANNA BRIGGS INSTITUTE with the tagline "Better evidence. Better outcomes." Below the logo is the title "JBI Evidence Summary" and the subtitle "Evidence-informed practice at the point of care". The main topic is "Low Back and Pelvic Pain (Pregnancy-Related): Prevention and Treatment", dated 26 December 2017. The author is listed as Priyanka Pamaiahgari, BDS. The question asked is "What is the best available evidence regarding prevention and treatment for pelvic and lower back pain in pregnancy?". The clinical bottom line states that more than two-thirds of pregnant women experience lower back pain (LBP) and almost one-fifth experience pelvic pain. As pregnancy advances, pain increases and can interfere with work, daily activities and disturb sleep. This pain is possibly related to altered posture and increased levels of relaxin hormone.<sup>1,2</sup> Prescribing medications during pregnancy is controversial, therefore many women use complementary and alternative medicine (CAM) interventions.<sup>2</sup> A Cochrane systematic review was conducted to update the evidence assessing the effects of any intervention used to prevent and treat LBP, pelvic pain or both during pregnancy. The review found low-quality evidence that exercise (any exercise on land or in water) may reduce pregnancy-related low back pain and moderate to low quality evidence suggesting that any exercise improves functional

### Best Practice Recommendations

- Exercises that are tailored to the stage of pregnancy are recommended to reduce evening pelvic pain or lumbopelvic pain. (Grade B)
- Water-based exercise should be considered for inclusion in a care plan to assist in reducing lower back pain, based on patients' needs and the context. (Grade B)
- Craniosacral therapy, osteopathic manipulation or a multi-modal intervention (manual therapy, exercise and education) may be considered in reducing pregnancy-related pelvic and lower back pain. Clinical judgement and individual patient preference should inform the decision to use these interventions. (Grade B)

# 文獻類型 - Recommended Practices

- 提供介入指引及程序，針對選定的臨床主題作進一步的說明及建議
  - Recommended Practice 推薦做法
  - Equipment List 設備清單
  - Occupational Health & Safety Provisions 相關安全規定
  - Evidence Summary 臨床證據摘要

Two side-by-side JBI interface screens.

The left screen displays the JBI Recommended Practice for Non-specific Low Back Pain: Superficial Heat, dated 30 May 2018. It includes sections for Equipment (Patient's medical record, Sensation testing equipment, Heat Wrap/Hot Pack), Recommended Practice, PRECAUTIONS (Neurological disorders, Kidney problems, Diabetes mellitus, Bleeding diseases, Inflammatory disease, Abnormal heat sensitivity, Peripheral vascular disorders, Active tuberculosis, Skin lesions (e.g. rash, bruising, laceration), Areas where heat rub was applied, May refer to manufacturer's guidelines for precautions), and CONTRAINDICATIONS (Circulatory insufficiency, Risk of dissemination (malignancy, systemic disease), Possible exacerbation of existing conditions, Loss of skin sensation (hot or cold)).

The right screen displays the JBI Evidence Summary for Non-specific Low Back Pain: Superficial Heat or Cold, dated 28 May 2018. It includes sections for Author (Lucylyn Lizarondo, PhD, MPhysio, MPsych, BPhysio) and Question (What is the best available evidence regarding the effectiveness of superficial heat or cold for managing low back pain?).

# 文獻類型 - Best Practice Information Sheets

- 根據大量的systematic reviews 文獻的結果，彙整一個建議方案
- 從大量數據中收集的關鍵問題和建議的訪問
- 2020 新文獻類型

The New JBI Levels of Evidence and Grades of Recommendation are now being used for all JBI documents as of the 1st of March 2014.	
<b>Levels of Evidence - Effectiveness</b>	
Level 1 – Experimental Designs	Level 1.a – Systematic review of Randomized Controlled Trials (RCTs) Level 1.b – Systematic review of RCTs and other study designs Level 1.c – RCT Level 1.d – Pseudo-RCTs
Level 2 – Quasi-experimental Designs	Level 2.a – Systematic review of quasi-experimental studies Level 2.b – Systematic review of quasi-experimental and other lower study designs Level 2.c – Quasi-experimental prospectively controlled study Level 2.d – Pre-test – post-test or historic/retrospective control group study
Level 3 – Observational – Analytic Designs	Level 3.a – Systematic review of comparable cohort studies Level 3.b – Systematic review of comparable cohort and other lower study designs Level 3.c – Cohort study with control group Level 3.d – Case – controlled study
Level 4 – Observational – Descriptive Studies	Level 4.b – Systematic review of descriptive studies Level 4.b – Cross-sectional study Level 4.c – Case series Level 4.d – Case study
Level 5 – Expert Opinion and Bench Research	Level 5.a – Systematic review of expert opinion Level 5.b – Expert consensus Level 5.c – Bench research/ single expert opinion

The cover features the Joanna Briggs Institute logo and the text 'Aged care'. The title 'Best Practice' is prominently displayed, followed by 'Evidence-based information sheets for health professionals'. Below the title is the specific topic: 'Family involvement in decision making for people with dementia in residential aged care'.

**Recommendations\***

- Residential aged care staff could ascertain the preferred degree of involvement of family caregivers in decision making about the resident. (Grade B)
- Residential aged care staff can ensure that they develop and maintain effective dialogue with the resident's family about the resident's health status. (Grade B)
- Residential aged care staff can provide support for family caregivers when making decisions about the resident. (Grade B)
- Residential aged care staff can provide opportunities for reciprocal sharing of information with the resident's family about the resident's illness, treatment options and quality of life as well as their life story, values and wishes. (Grade B)

\*For a definition of JBI's 'Grades of Recommendation'

**JBI Grades of Recommendation\***

<b>Grade A</b>	A 'strong' recommendation for a certain health management strategy where (1) it is clear that desirable effects outweigh undesirable effects of the strategy; (2) where there is evidence of adequate quality supporting its use; (3) there is a benefit or no impact on resource use, and (4) values, preferences and the patient experience have been taken into account.
<b>Grade B</b>	A 'weak' recommendation for a certain health management strategy where (1) desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear; (2) where there is evidence supporting its use, although this may not be of high quality; (3) there is a benefit, no impact or minimal impact on resource use, and (4) values, preferences and the patient experience may or may not have been taken into account.

**Information Source**

This Best Practice Information Sheet systematic review published in 2013 Systematic Reviews and Implementation review report is available from the [www.joannabriggs.org](http://www.joannabriggs.org).

decision makers with staff facilitates staff members' understanding of

# 文獻類型 - Systematic Reviews

- **Systematic Reviews**

- 文獻的分析

- 提出一個問題
    - 建立收錄原則
    - 建立廣泛搜索實證的策略
    - 評估每篇文章的質量
    - 撷取文章中的精華
    - 縱述各篇文章中的要點

- **Systematic Review Protocols**

- 文獻背景資訊和進行系統化縱述的計劃

JBI Library of Systematic Reviews

JBL000208

2009; 7(14):583-614

## A meta-synthesis of women's perceptions and experiences of breastfeeding support

Virginia Schmied, PhD, RM <sup>1</sup>

Sarah Beake, MA RM RN <sup>2</sup>

Athena Sheehan, PhD, MN, RM, RN <sup>3</sup>

Christine McCourt, PhD BA <sup>4</sup>

Fiona Dykes, PhD, MA, RGN, RM, ADM, Cert Ed <sup>5</sup>

1. Associate Professor (maternal and child health) School of Nursing and Midwifery, University of Western Sydney, Sydney, Australia
2. Research Midwife, Centre for Research in Midwifery and Childbirth, Thames Valley University, Paragon House, Boston Manor Road, Brentford, TW8 9GA, UK and Deputy Director, Thames Valley Centre for Evidence-Based Nursing & Midwifery.
3. Senior Lecturer, Faculty of Nursing and Health, Avondale College, NSW, Australia and Adjunct Research Fellow, School of Nursing and Midwifery, University of Western Sydney, Sydney, Australia.
4. Professor of Anthropology & Health, Centre for Research in Midwifery and Childbirth, Thames Valley University, London, UK and also visiting professor, NMAHP Research Unit, University of Stirling.
5. Professor of Maternal and Infant Health and Director of Maternal and Infant Nutrition and Nurture Unit (MAINN), School of Public Health and Clinical Sciences, University of Central Lancashire, England, Adjunct Professor, University of Western Sydney.

Corresponding author: Sarah Beake, Centre for Research in Midwifery and Childbirth, Thames Valley University, Paragon House, Boston Manor Road, Brentford, TW8 9GA, UK. E-mail: Sarah.Beake@tvu.ac.uk

## Executive Summary

**Background-** Breastfeeding conveys significant health benefits to infants and mothers yet in many affluent nations breastfeeding rates continue to decline across the early months following birth. Both peer and professional support have been identified as important to the success of breastfeeding. What is not known are the key components or elements of support that are effective in increasing the duration of breastfeeding?

**Objectives-** The aim of this meta-synthesis was to examine women's perceptions and experiences of breastfeeding support, either professional or peer, in order to illuminate the components of support that they deem 'supportive'. A secondary aim was to describe any differences between components of Peer and Professional support.

**Selection criteria-** Both primiparous and multiparous women who initiated breastfeeding were included in the study. Studies that included a specific demographic sub-group, such as

Schmied et al. © the authors 2009

Breastfeeding support

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開始查詢JBI



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# Ovid Medline檢索功能

## Basic Search

- 最直覺的搜尋方式
- 快速取得關聯度最高文獻
- 輕鬆篩選年代及全文

## Advanced Search

- 最嚴謹的搜尋方式
- 詳細比對醫學標題詞
- 取得最完整的文獻資料

## 特定欄位搜尋

- Find Citation
- Search Fields
- Multi-Field Search

## Search Tools

- 標題詞的延伸應用
- 尋找標題詞的定義
- 比對標題詞

# Ovid Medline檢索功能-點選JBI

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▼  All Resources

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Journals@Ovid Full Text March 16, 2022 i

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JBI EBP Database Current to March 09, 2022 i  

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Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations and Daily 1946 to March 16, 2022 i

Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations 1946 to March 16, 2022 i

Ovid MEDLINE(R) ALL 1946 to March 16, 2022 i

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Search Journals Books Multimedia My Workspace Links EBP Tools What's New

▼ Search History (0) View Saved

# ▲ Searches Results Type Actions Annotations

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**Basic Search** | [Find Citation](#) | [Search Tools](#) | [Search Fields](#) | [Advanced Search](#) | [Multi-Field Search](#)

1 Resource selected | [Hide](#) | [Change](#)

 **JBI EBP Database** Current to April 28, 2021

 **Family and stroke rehabilitation**

Search

**Limits (close)**

Include Multimedia

**Include Related Terms**

Full Text

Abstracts

Publication Year

-

-

Publication Types

- Best Practice Information Sheets
- Evidence Summaries
- Recommended Practices
- Systematic Review Protocols
- Systematic Reviews

Subject Area Nodes

- Aged Care
- Burns Care
- Cancer Care
- Cardiovascular Care
- Chronic Disease

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一定要勾選include Related Terms

# 檢索結果2046筆



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## ▼ Search History (1)

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# ▲ Searches

Results

1 Family and stroke rehabilitation {Including Limited Related Terms}

2046

Basic

[Display Results](#) | More ▾



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**JBI EBP Database** Current to March 09, 2022

Enter keyword or phrase

(\* or \$ for truncation)

Keyword  Author  Title  Journal

## Search Information

You searched:

Family and stroke rehabilitation  
{Including Limited Related Terms}

Search terms used:

family  
families  
fam  
stroke rehabilitationSearch Returned:  
Filters Applied

Sort By:

SCORE

Customize Display

## Filter By

 Add to Search History 2

Selected Only (0)

## Relevancy

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 5 stars only

4 or more

3 or more

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Current year

Past 3 years

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► Specific Year Range

## Author

## Journal

## Publication Type

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20 Per Page

1

Go

Next &gt;

1. **Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation.**

Lizarondo, Lucy Lynn.

Best Practice Evidence-based information sheets for health professionals. 21(4):1-4, 2019.

[Best Practice Information Sheets]

AN: JBI23

Year of Publication

2019

Abstract Reference  
Complete ReferenceJBI Database PDF  
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OPEN ACCESS RESULTS

Eclectic/mixed model method for upper extremity functional stroke

aya Joshua, Abraham

M. Kedambadi, Rakshit Mithra, P. Prasanna

Acupuncture in stroke rehabilitation

Sun, Feng Wang, Jinchun Wen, Xia Stroke rehabilitation

Dusica, Simic-Panic S Devecerski, Gordana V Jovicevic, Mirjana N Platisa, Nedeljko M

Clinical application of repetitive transcranial magnetic stimulation in stroke rehabilitation

Shin, Joonho Yang, EunJoo Cho, KyeHee Barcenas, Carmelo L Kim, Woo Jin Min, Yusun Paik, Nam-Jong

Effects of different frequencies of repetitive transcranial magnetic stimulation on the recovery of upper limb motor dysfunction in patients with suba....

Li, Jiang Meng, Xiang-min Li, Ru-yi Zhang, Ru Zhang, Zheng Du, Yi-feng

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顯示文獻關聯度 (5顆星表示關連度最高)

2. **Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation: a systematic review of qualitative evidence.**

Lloyd, Anna. Bannigan, Katrina. Sugavanam, Thavapriya. Freeman, Jennifer.

JBI Database of Systematic Reviews &amp; Implementation Reports. 16(6):1418-1453, 2018.

[Systematic Reviews]

AN: JBI19724

Year of Publication

2018

Cite + My Projects + Annotate

Abstract Reference  
Complete ReferenceLibrary Holdings  
Document Delivery  
文獻推薦服務  
Internet Resources  
 JBI Database PDF  
JBI Topic Request

3. **The experiences of stroke survivors, their families and unpaid carers regarding goal setting within stroke rehabilitation: a systematic review protocol.**

Lloyd, Anna. Bannigan, Katrina. Sugavanam, Thavapriya. Freeman, Jenny.

[Systematic Review Protocols]

AN: JBI14537

Year of Publication

2016

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# 加入篩選五顆星，共37篇



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What's New

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# ▲ Searches

Results

Type

Actions

Annotations

1 Family and stroke rehabilitation {Including Limited Related Terms}

2046

Basic

[Display Results](#) More ▾



2 limit 1 to five stars

37

Advanced

[Display Results](#) More ▾



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**JBI EBP Database** Current to March 09, 2022

Enter keyword or phrase  
(\* or \$ for truncation)

Keyword  Author  Title  Journal

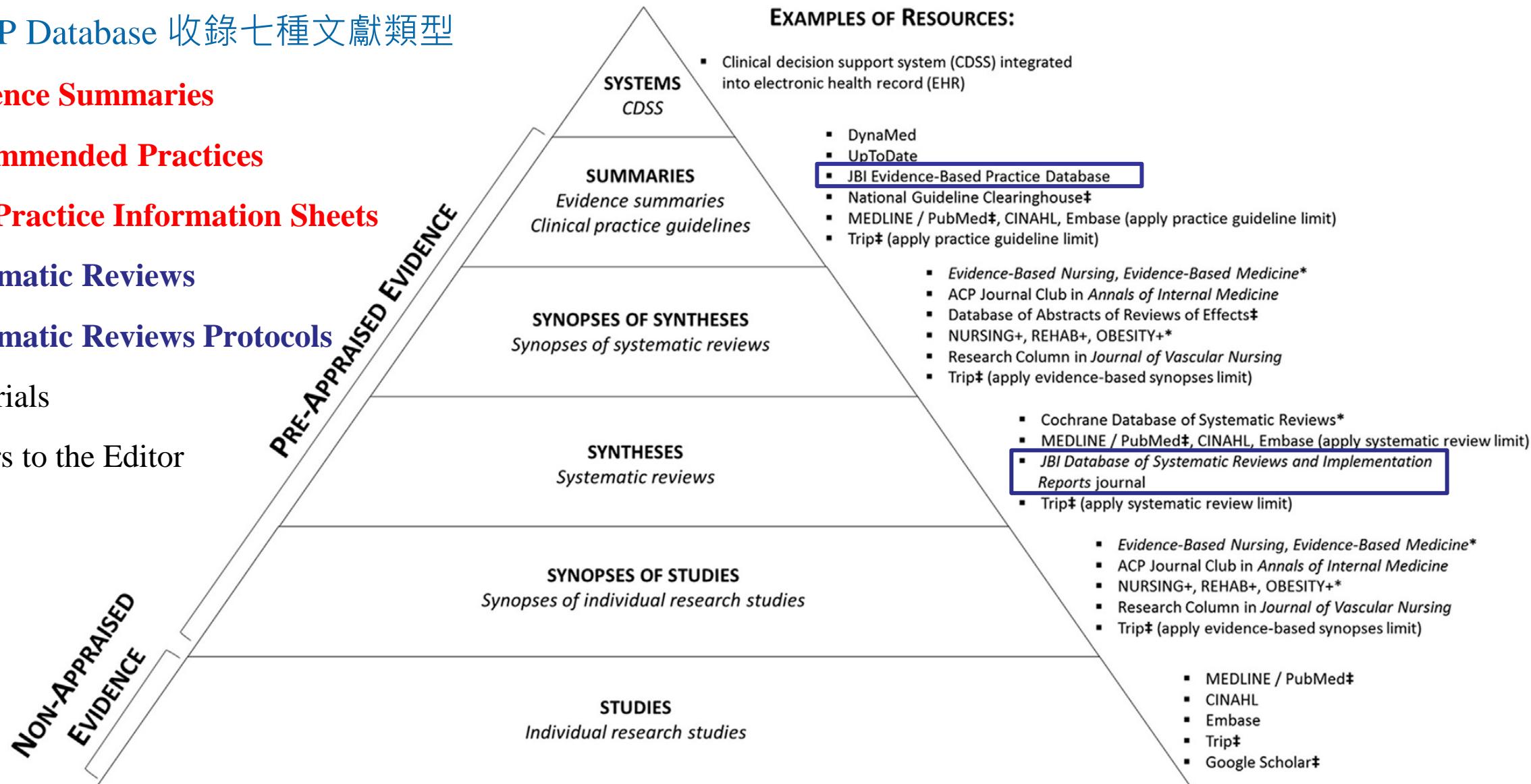
[Search](#)

[▼ Limits \(close\)](#)

Include Multimedia

- JBI EBP Database 收錄七種文獻類型

- Evidence Summaries**
- Recommended Practices**
- Best Practice Information Sheets**
- Systematic Reviews**
- Systematic Reviews Protocols**
- Editorials
- Letters to the Editor



6S model of evidence with examples of resources from Jameson J, Walsh ME. Tools for evidence-based vascular nursing practice: Achieving information literacy for lifelong learning. *J Vasc Nurs.* 2017 Dec;35(4):201-210.

‡ = free access

\* = partial free access

# 選擇Evidence Summaries

#	Searches	Results	Type	Actions	Annotations
1	Family and stroke rehabilitation {Including Limited Related Terms}	2046	Basic	<a href="#">Display Results</a>   More ▾	
2	limit 1 to five stars	37	Advanced	<a href="#">Display Results</a>   More ▾	

[Save](#) [Remove](#) Combine with: [AND](#) [OR](#)

[Save All](#) [Edit](#) [Create RSS](#) [Create Auto-Alert](#) [View Saved](#)

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[Basic Search](#) | [Find Citation](#) | [Search Tools](#) | [Search Fields](#) | **Advanced Search** | [Multi-Field Search](#)

1 Resource selected | [Hide](#) | [Change](#)

**JBI EBP Database** Current to March 09, 2022

Enter keyword or phrase  
(\* or \$ for truncation)

Keyword  Author  Title  Journal

2 [Search](#)

[▼ Limits \(close\)](#)

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Full Text

Abstracts

Publication Year  -

Publication Types

- Best Practice Information Sheets  
**1 Evidence Summaries**  
Recommended Practices  
Systematic Review Protocols  
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Burns Care  
Cancer Care  
Cardiovascular Care  
Chronic Disease

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**Search terms used:**family  
families  
fam  
stroke rehabilitation**Search Returned:**

9 text results

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**Relevancy**

All Stars

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3 or more

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**Specific Year Range****Author****Publication Type****My Projects** All

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20 Per Page

 1.**POST STROKE REHABILITATION: NUTRITION MANAGEMENT.**

Picot, Ebony [BSc, BPsySt].

[Evidence Summaries]

AN: JBI19321

Year of Publication

2021

Cite + My Projects + Annotate

Complete Reference

Internet Resources



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 2.**STROKE REHABILITATION: ACUPUNCTURE.**

Pamaiahgari, Priyanka [BDS].

[Evidence Summaries]

AN: JBI1231

Year of Publication

2020

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Complete Reference

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 3.**STROKE PATIENTS (ARM FUNCTION): EXERCISE THERAPY.**

Sivapuram, Madhava Sai [MBBS Student].

[Evidence Summaries]

AN: JBI430

Year of Publication

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Relevance: ★★★★☆

Accession Number: JBI19321

Author: [Picot\\_Ebony \[BHS, BPsySt\]](#).Title: POST **STROKE REHABILITATION**: NUTRITION MANAGEMENT.Publication Type: [Evidence Summaries](#).

Keywords: CVA; Cerebrovascular accident; Inpatient; Nutrition management

MeSH Subject Headings: [Dietetics](#); [Rehabilitation](#); [Stroke](#)Subject Area Node: [Aged Care](#); [Rehabilitation](#)

- References:
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  - Liu CH, Lin SC, Lin JR, Yang JT, Chang YJ, Chang CH, et al. Dehydration is an independent predictor of discharge outcome and admission cost in acute ischaemic **stroke**. *Eur J Neurol*. 2014; 21(9):1184-91.

Year of Publication: 2021

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# JBI EVIDENCE SUMMARY

## POST STROKE REHABILITATION: NUTRITION MANAGEMENT

### Search date

10/02/2020

### Author

Ebony Picot BHSc, BPsySt

### Publication date

08/04/2021

### Question

What is the best available evidence for nutrition management of stroke inpatients in the rehabilitation phase?

### Clinical Bottom Line

Stroke is one of the leading causes of death and disability in adults and the risk of stroke increases with age. Effects of stroke, such as swallowing difficulties and cognitive dysfunction, can leave stroke patients vulnerable to malnutrition and dehydration which can lead to poor outcomes. Medical nutrition therapy, tailored to meet individualized needs, is an important aspect of rehabilitation.<sup>1</sup>



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## Clinical Bottom Line

Stroke is one of the leading causes of death and disability in adults and the risk of stroke increases with age. Effects of stroke, such as swallowing difficulties and cognitive dysfunction, can leave stroke patients vulnerable to malnutrition and dehydration which can lead to poor outcomes. Medical nutrition therapy, tailored to meet individualized needs, is an important aspect of rehabilitation.<sup>1</sup>

- Clinical guidelines recommend all stroke patients are screened early for dysphagia, prior to oral intake, and where indicated receive a thorough assessment of swallowing function. For stroke patients who are malnourished or at risk of malnutrition, medical nutrition therapy is recommended. An individualized nutrition care plan should be developed and monitored by a dietetic professional.<sup>1</sup> (Level 5)
- Clinical guidelines recommend all stroke inpatients are screened for malnutrition upon admission and rescreened weekly.<sup>2,3</sup> (Level 5)
  - Due to the risk of subsequent stroke, clinical guidelines recommend consideration of secondary prevention strategies. All stroke survivors should be referred to a dietitian for the provision of individualized dietary advice.
  - These guidelines for stroke management also recommend goal setting during rehabilitation. This process should take a collaborative approach and include the stroke survivor, their families and carers, and the rehabilitation care team. Clear communication and documentation of well-defined and specific goals is recommended.<sup>2</sup> (Level 5)

Evidence supports the use of the Malnutrition Universal Screening Tool (MUST) to identify stroke patients who may benefit from nutritional support. A statistically significant and graded association between risk of



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## Characteristics Of The Evidence

This evidence summary is based on a structured search of the literature and selected evidence-based health care databases. The evidence in this summary comes from:

- Clinical guidelines specific to the management of stroke.<sup>1,2,3</sup>
- A prospective observational study of 543 stroke patients.<sup>4</sup>
- AN RCT of 102 undernourished patients admitted to a stroke rehabilitation service.<sup>5</sup>
- Systematic review of 33 RCTs involving 6,779 dysphagic and non-dysphagic stroke patients, average age 71 years.<sup>6</sup>
- A prospective cohort study of 2,570 patients admitted to hospital with ischemic stroke and 573 with hemorrhagic stroke divided into dehydrated and non-dehydrated groups.<sup>7</sup>

## Best Practice Recommendations

- Dietitians should be involved in recommendations related to medical nutrition therapy for stroke patients who are malnourished or at risk of malnutrition. An individualized nutrition care plan should be developed and monitored by a dietetic professional. (Grade B)
- All stroke patients should be screened for dysphagia prior to commencement of oral intake. Safe swallowing advice and appropriate dietary modifications should be introduced early for stroke patients with swallowing difficulties with input from a dietitian. Early initiation of tube feeding, when indicated, is recommended (Grade B)
- All stroke patients should be screened for malnutrition upon admission and rescreened weekly for malnutrition using a validated malnutrition screening tool. (Grade B)
- Routine oral supplementation is not recommended for non-dysphagic stroke patients who are well

## ▼ Search History (3)

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stroke rehabilitation

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1. **ADULT STROKE: REHABILITATION FOR SPATIAL NEGLECT.**

*[Recommended Practices]*

AN: JBI2472

Year of Publication

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- ★★★★★
2. **STROKE: OCCUPATIONAL THERAPY FOR ACTIVITIES OF DAILY LIVING.**

*[Recommended Practices]*

AN: JBI2488

Year of Publication

2019

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Relevance: 

Accession Number: JBI2488

Title: **STROKE: OCCUPATIONAL THERAPY FOR ACTIVITIES OF DAILY LIVING.**

Equipment: PatientaTMs records Activities of Daily Living (ADL) assessment instrument Appropriate environment for ADL assessment and retraining

Publication Type: [Recommended Practices](#)

Keywords: transient ischaemic attack; cerebrovascular accident; cva; ita; occupational therapist; adl; personal; instrumental; modified barthel index

MeSH Subject Headings: [Stroke](#); [Occupational Therapy](#); [Activities of Daily Living](#); [Rehabilitation](#)

Subject Area Node: [Rehabilitation](#); [Cardiovascular Care](#)

Year of Publication: 2019

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# **STROKE: OCCUPATIONAL THERAPY FOR ACTIVITIES OF DAILY LIVING**

## Publication date

10/12/2019

## Equipment

- Patient's records
  - Activities of Daily Living (ADL) assessment instrument
  - Appropriate environment for ADL assessment and retraining

## Recommended Practice

Stroke can have a profound impact on a person's way of life, especially on their capacity to perform many of the activities that are necessary and relevant in daily living. Occupational therapy interventions are an integral part of stroke rehabilitation and aim to improve a person's daily living skills and optimize their independence and safety in performing personal and instrumental ADL as well as leisure and vocational activities. Personal ADL include those activities that enable us to maintain personal level of care such as feeding, bathing, dressing and grooming. Instrumental activities are those that are necessary to enable us



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## Recommended Practice

Stroke can have a profound impact on a person's way of life, especially on their capacity to perform many of the activities that are necessary and relevant in daily living. Occupational therapy interventions are an integral part of stroke rehabilitation and aim to improve a person's daily living skills and optimize their independence and safety in performing personal and instrumental ADL as well as leisure and vocational activities. Personal ADL include those activities that enable us to maintain personal level of care such as feeding, bathing, dressing and grooming. Instrumental activities are those that are necessary to enable us to stay productive both at home and in the community including tasks of meal preparation, housework, shopping and finance management.

When working with persons who had stroke occupational therapy assessments and interventions should be based around the person's goals for occupational performance. Goal setting is a collaborative process between the occupational therapist, the person and significant others (e.g. family/carers), where goals are negotiated and agreed on and help establish an intervention plan. The goals should be specific, measurable, attainable, realistic and timely (SMART).

### ASSESSMENT:

- Occupational therapists should gain a thorough understanding of the person's previous level of occupational performance, roles, home environment and desired goals through the completion of an initial interview.
- Occupational therapists should gain an understanding of the person's current level of occupational performance and occupational performance components (e.g. upper limb strength and coordination, vision, cognition, perception, mobility and transfer) through direct observation in relevant occupations including personal care, instrumental activities of daily living, vocation and leisure as appropriate for



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## Occupational Health and Safety Considerations



BACK CARE  
FOLLOW MANUAL  
HANDLING PROCEDURES



MEDICATION  
COMPETENCE REQUIRED



ATTENTION!  
USE STANDARD  
PRECAUTIONS

The author declares no conflicts of interest in accordance with International Committee of Medical Journal Editors (ICMJE) standards.

**How to cite:** JBI. Recommended Practice. Stroke: Occupational Therapy for Activities of Daily Living. The JBI EBP Database. 2019; JBI23755.

For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. Worldviews Evid Based Nurs. 2015;12(3):131-8.

**Note:** The information contained in this Recommended Practice must only be used by people who have the appropriate expertise in the field to which the information relates. The applicability of any information must be established before relying on it. While care has been taken to ensure that this Recommended Practice summarizes available research and expert consensus, any loss, damage, cost or expense or liability suffered or incurred as a result of reliance on this information (whether arising in contract, negligence, or otherwise) is, to the extent permitted by law, excluded.

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9 Advanced Display Results More

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1 text results

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□ 1.

**Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation.**

Lizarondo, Lucy Lynn.

Best Practice: evidence-based information sheets for health professionals. 21(4):1-4, 2019.

[Best Practice Information Sheets]

AN: JBI23158

Year of Publication

2019

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Relevance: ★★★★☆

Accession Number: JBI23158

Author: [Lizarondo, Lucylynn.](#)

Institution: 1. Joanna Briggs Institute, The University of Adelaide, South Australia, Australia

Title: Experiences of **stroke** survivors, their **families** and unpaid carers in goal setting within **stroke rehabilitation**.

Source: Best Practice: evidence-based information sheets for health professionals. 21(4):1-4, 2019.

Abstract: Recommendations \*

\* Individual practitioners and providers of inpatient **stroke rehabilitation** services should reflect upon and evaluate the impact they have on goal setting interactions. They should endeavor to positively encourage and empower the **stroke** survivor. They should get to know the person, listening to them and finding out "who they are", in order to develop meaningful goals (together) that are individualized to the **stroke** survivor. (Grade B)

\* Practitioners should recognize that recovery after **stroke** is ongoing and unpredictable and be aware of the potential importance to **stroke** survivors of maintaining hope and a sense of forward momentum through the use of person-centered goal setting in **stroke rehabilitation**. (Grade B)

\* Practitioners should use person-centered goal setting processes in **stroke rehabilitation** that acknowledge and adapt to a **stroke** survivor's ability and desire to be involved in goal setting. (Grade B)

\* For a definition of JBI's 'Grades of Recommendation' please see the last page of this sheet

Publication Type: [Best Practice Information Sheets](#).Keywords: Goal setting; qualitative; experiences; **stroke** survivorsMeSH Subject Headings: [Stroke Rehabilitation](#)Subject Area Node: [Rehabilitation](#)

Year of Publication: 2019

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Rehabilitation

# Best Practice

Evidence-based information sheets for health professionals

## Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation

### Recommendations\*

- Individual practitioners and providers of inpatient stroke rehabilitation services should reflect upon and evaluate the impact they have on goal setting interactions. They should endeavor to positively encourage and empower the stroke survivor. They should get to know the person, listening to them and finding out "who they are", in order to develop meaningful goals (together) that are individualized to the stroke survivor. **(Grade B)**

- Practitioners should recognize that recovery after stroke is ongoing and unpredictable and be aware of the potential importance



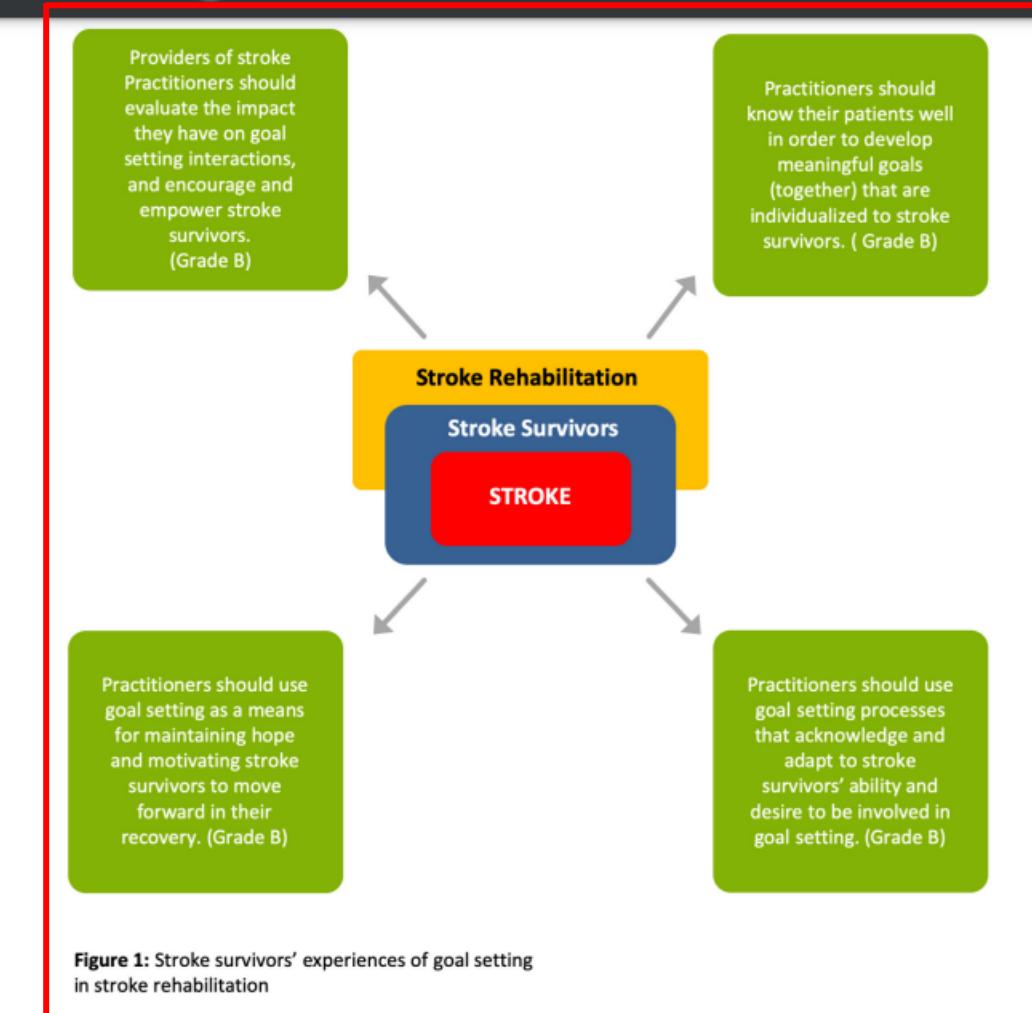
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Participants	A participant/actor e.g. specific health care professional, a patient group or carer. May include presentation
Condition/Diagnosis or Presentation	A condition or diagnosis e.g. 'acute wound' or specific condition that has arisen e.g. 'infection'
Action	A suggested action that can be taken as well as a grade of recommendation
Context	A specific context or situation e.g. 'emergency ward' or 'remote health clinic'

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Results	Type	Actions	Annotations
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 6 limit 2 to systematic reviews

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Author  
Journal  
Publication Type

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1. Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation: a systematic review of qualitative evidence.

Lloyd, Anna. Bannigan, Katrina. Sugavanam, Thavapriya. Freeman, Jennifer.  
*JBI Database of Systematic Reviews & Implementation Reports.* 16(6):1418-1453, 2018.  
[Systematic Reviews]  
AN: JBI19724  
Year of Publication  
2018

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2. The effectiveness of caregiver psychosocial interventions on the psychosocial wellbeing, physical health and quality of life of stroke family caregivers and their stroke survivors: A systematic review.

Cheng, Ho Yu [RN, BN(Hon.), PhD (Nursing) Student]. Chair, Sek Ying [RN, PhD]. Chau, Janita PC [RN PhD].  
*JBI Database of Systematic Reviews & Implementation Reports.* 10(12):679-797, 2012.  
[Systematic Reviews]  
AN: JBI6338  
Year of Publication  
2012

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3. Mealtime assistance for older adults in hospital settings and rehabilitation units from the perspective of patients, families and healthcare professionals: a mixed methods systematic review.

Edwards, Deborah. Carrier, Judith. Hopkinson, Jane.  
*JBI Database of Systematic Reviews & Implementation Reports.* 14(9):261-357, 2016.  
[Systematic Reviews]

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Relevance: ★★★★☆

Accession Number: JBI19724

Author: [Lloyd\\_Ann, Bannigan\\_Katrina, Sugavanam\\_Thavapriya, Freeman\\_Jennifer](#).

Institution:

1. Mardon Neurological Rehabilitation Centre, Royal Devon and Exeter NHS Foundation Trust, Exeter, United Kingdom.,
2. School of Health Professions, University of Plymouth, Devon, United Kingdom,
3. Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, United Kingdom,
4. National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care South West Peninsula (PenCLAHRC), Centre for Clinical Trials and Population Studies, Plymouth University, Plymouth, United Kingdom, and
5. The University of Plymouth Centre for Innovations in Health and Social Care: a Joanna Briggs Institute Centre of Excellence

Title: Experiences of **stroke** survivors, their **families** and unpaid carers in goal setting within **stroke rehabilitation**: a systematic review of qualitative evidence.

Source: JBI Database of Systematic Reviews & Implementation Reports. 16(6):1418-1453, 2018.

Abstract: ABSTRACT

Objective: The objective of the review was to synthesize the best available qualitative evidence regarding the experiences of **stroke** survivors, their **families** and unpaid carers, about goal setting within **stroke rehabilitation**.

Introduction: Clinical guidelines recommend person-centered goal setting in **stroke rehabilitation** but many barriers exist to its implementation. Individual differences and preferences, of both the **stroke** survivor and practitioner, may influence involvement in goal setting. A **stroke** survivor's relationship with close **family** members and unpaid carers can be powerful and could influence **rehabilitation**, recovery and goal setting.

Inclusion criteria: The participants of interest were adults (over 18 years) who had experienced a **stroke** and undergone **rehabilitation**, and their **families** and unpaid carers. The phenomena of interest were the experiences of goal setting within **stroke rehabilitation** for **stroke** survivors, their **families** and unpaid carers. The context was **stroke rehabilitation** in acute and community hospitals, inpatient **rehabilitation** units and the community. Studies considered for this review were qualitative primary research studies and the qualitative portion of mixed methods research.

Methods: A three-step search strategy was used to identify English language qualitative primary research studies (both published and unpublished) through November 2017. Two reviewers independently appraised the included studies using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Qualitative Research. Studies were included if they achieved 50% "yes" results for the methodological assessment. Data were extracted from the included papers using the standardized JBI qualitative data extraction tool. Data were synthesized using meta-aggregation.

## Tools

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1



2



3



4

## SYSTEMATIC REVIEW

# Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation: a systematic review of qualitative evidence

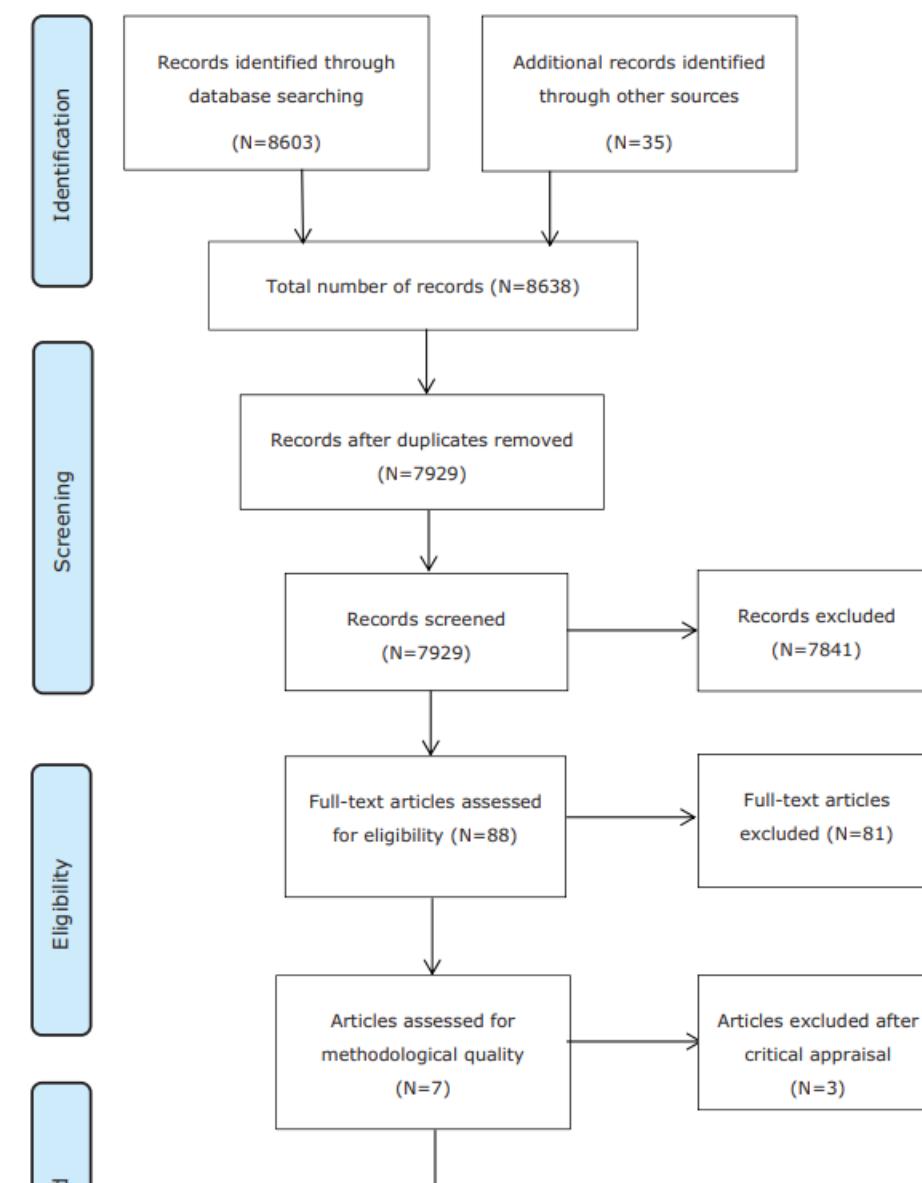
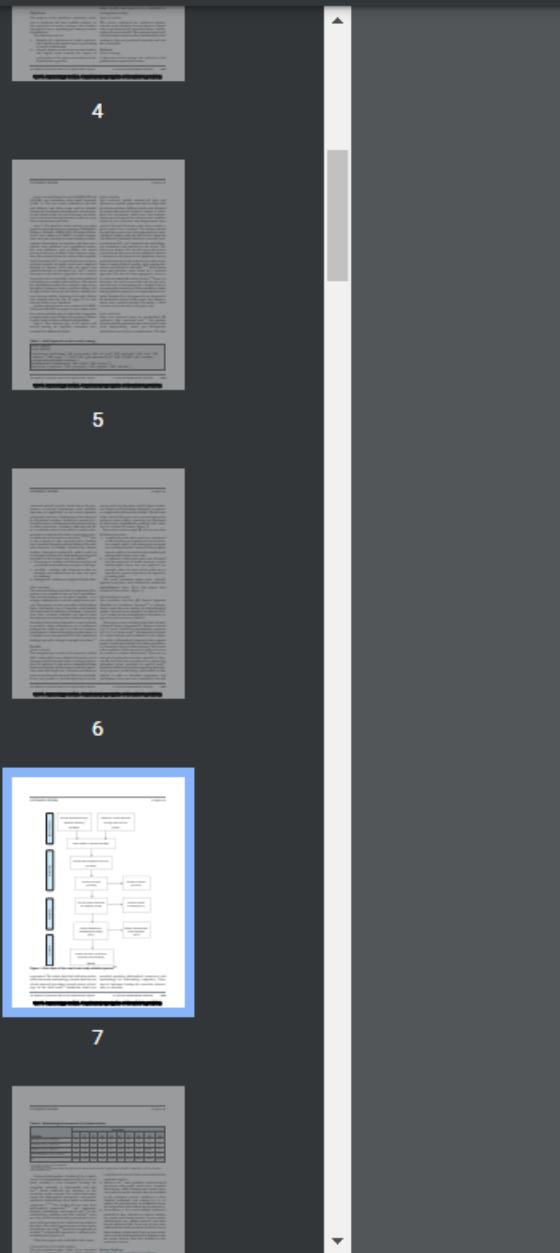
Anna Lloyd<sup>1,2</sup> • Katrina Bannigan<sup>2,5</sup> • Thavapriya Sugavanam<sup>3,4</sup> • Jennifer Freeman<sup>2,5</sup>

<sup>1</sup>Mardon Neurological Rehabilitation Centre, Royal Devon and Exeter NHS Foundation Trust, Exeter, United Kingdom, <sup>2</sup>School of Health Professions, University of Plymouth, Devon, United Kingdom, <sup>3</sup>Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, United Kingdom, <sup>4</sup>National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care South West Peninsula (PenCLAHRC), Centre for Clinical Trials and Population Studies, Plymouth University, Plymouth, United Kingdom, and <sup>5</sup>The University of Plymouth Centre for Innovations in Health and Social Care: a Joanna Briggs Institute Centre of Excellence

### ABSTRACT

**Objective:** The objective of the review was to synthesize the best available qualitative evidence regarding the experiences of stroke survivors, their families and unpaid carers, about goal setting within stroke rehabilitation.

**Introduction:** Clinical guidelines recommend person-centered goal setting in stroke rehabilitation but many barriers exist to its implementation. Individual differences and preferences, of both the stroke survivor and practitioner, may influence involvement in goal setting. A stroke survivor's relationship with close family members and unpaid carers can be powerful and could influence rehabilitation recovery and goal setting.



**Table 2: Methodological assessment of included articles**

<b>Citation</b>	<b>Question</b>									
	<b>1</b>	<b>2*</b>	<b>3*</b>	<b>4*</b>	<b>5</b>	<b>6*</b>	<b>7*</b>	<b>8</b>	<b>9</b>	<b>10</b>
Brown <i>et al.</i> (2014) <sup>22</sup>	N	U	Y	Y	Y	N	U	Y	U	Y
Levack <i>et al.</i> (2011) <sup>17</sup>	Y	Y	Y	Y	Y	N	U	Y	U	Y
Martin <i>et al.</i> (2015) <sup>25</sup>	Y	Y	Y	Y	Y	N	U	Y	N/A**	Y
Rosewilliam <i>et al.</i> (2016) <sup>42</sup>	U	Y	U	U	U	U	Y	Y	Y	Y
%	50%	75%	75%	75%	75%	0%	25%	100%	25%	100%

Y, Yes; N, No; U, Unclear; N/A, Not Applicable.

\*Dependability questions.

\*\*N/A rating given as the authors stated in the paper that the study had been deemed by a Regional Ethics Committee as sufficiently low risk as to not require ethics committee review.

Of the included studies, all achieved 2 or 3 marks out of 5 for dependability questions (Q2–4, 5, 6); no study included a clear statement locating the researcher culturally or theoretically and only one<sup>42</sup> clearly addressed the influence of the researcher on the research. Two studies had clearly stated the philosophical perspective and specific qualitative methodology from which to determine congruence.<sup>17,25</sup> Two studies did not state their philosophical perspective<sup>22,42</sup> and congruence between methodology and research aim,<sup>22</sup> or the methodology, methods and data analysis<sup>42</sup> were not clear. In all included studies, participants' voices were well represented and conclusions grounded in

(only the stroke survivor data was included in this systematic review).

- Martin *et al.*<sup>25</sup> used qualitative semi-structured interviews with people with severe Acquired Brain Injury (ABI), including three stroke survivors (only the stroke survivor data was included in this systematic review), residing in a New Zealand residential care setting ( $n=5$ ), to explore life goal planning in rehabilitation from an interpretative phenomenological perspective.
- Rosewilliam *et al.*<sup>42</sup> used multiple qualitative methods of data collection to explore whether the current goal setting practice in acute stroke rehabilitation was patient-centered, and what

19



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## Appendix I: Search strategy

### Database searches

Search for published studies: (Start of database until 16 <sup>th</sup> November 2017.)		Search for unpublished studies: (Start of database until 16 <sup>th</sup> November 2017.)	
Name	Hits	Name	Hits
MEDLINE	1408	Open Grey	513
Embase	8063	ProQuest Conference Papers and Proceedings	1*
CINAHL	362	Google Scholar	1410**
AMED	164	Social Care Online (published & unpublished studies)	See earlier
BNI	65	HMIC (published and unpublished studies)	See earlier
Social Care Online (published and unpublished studies)	32	<b>Author search:</b> <b>Databases MEDLINE, CINAHL</b> (Start of database until 16 <sup>th</sup> November 2017)	
HMIC (published and unpublished studies)	11	Jones, Fiona	113
		Levack, William	58
OT seeker	13	Rosewilliam, Sheeba	9
PEDRO	69	Scobbie, Leslie	19

(Updated searches conducted in November and December 2017).

\*The initial search of ProQuest Conference Papers and Proceedings only produced one paper, which was not relevant to this review, and the database was not readily available, so was excluded from the updated search.

\*\*Database excluded after screening 50 pages as no new relevant references were identified.

▼ Search History (6)

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	#	▲	Searches	Results	Type	Actions	Annotations
<input type="checkbox"/>	1		Family and stroke rehabilitation {Including Limited Related Terms}	1945	Basic	<a href="#">Display Results</a>   More ▾	
<input checked="" type="checkbox"/>	2		limit 1 to five stars	35	Advanced	<a href="#">Display Results</a>   More ▾	
<input type="checkbox"/>	3		limit 2 to evidence summaries	9	Advanced	<a href="#">Display Results</a>   More ▾	
<input type="checkbox"/>	4		limit 2 to recommended practices	2	Advanced	<a href="#">Display Results</a>   More ▾	
<input type="checkbox"/>	5		limit 2 to best practice information sheets	1	Advanced	<a href="#">Display Results</a>   More ▾	
<input type="checkbox"/>	6		limit 2 to systematic reviews	16	Advanced	<a href="#">Display Results</a>   More ▾	

**Save**   **Remove**   Combine with: **AND**   **OR**

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Full Text
 

 Abstracts

Publication Year -  -

Publication Types	Subject Area Nodes
-	Burns Care
Best Practice Information Sheets	Cancer Care
Evidence Summaries	<b>Cardiovascular Care</b>
Recommended Practices	Chronic Disease
Systematic Review Protocols	Diagnostic Imaging
Systematic Reviews	Emergency and Trauma

### Search Information

You searched:

limit 2 to cardiovascular care

Search terms used:

family  
families  
fam  
stroke rehabilitation

Search Returned:

1 text results

Sort By:

SCORE

Customize Display

### Filter By

Add to Search History

Selected Only ( 0 )

#### Relevancy

All Stars

5 stars only

4 or more

3 or more

2 or more

#### Years

All Years

Current year

Past 3 years

Past 5 years

#### Specific Year Range

#### Publication Type

All Range Clear



20 Per Page

1. **STROKE: OCCUPATIONAL THERAPY FOR ACTIVITIES OF DAILY LIVING.**

[Recommended Practices]

AN: JBI2488

Year of Publication

2019



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報告列出參考文獻，請點選Cite, APA為中文文獻(最新版),  
國外期刊投稿為AMA

Complete Reference

Internet Resources



JBI Database PDF

JBI Topic Request

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STROKE: OCCUPATIONAL THERAPY FOR ACTIVITIES OF DAILY LIVING. 2019; Cited in: JBI EBP Database at <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=jbi&NEWS=N&AN=JBI2488>. Accessed May 03, 2021.

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		Results	Type	Actions	Annotations
<input type="checkbox"/>	# ▲ Searches				
<input type="checkbox"/>	1 Family and stroke rehabilitation {Including Limited Related Terms}	2046	Basic	Display Results More ▾	

2 limit 1 to five stars

# ▲ Searches

Combine with:

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1 Resource selected | [Hide](#) | [Change](#)

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Enter keyword or phrase  
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Keyword  Author  Title  Journal

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Abstracts

Publication Year

- -

Publication Types

- Best Practice Information Sheets  
Evidence Summaries  
Recommended Practices  
Systematic Review Protocols  
Systematic Reviews

Subject Area Nodes

- Aged Care  
Burns Care  
Cancer Care  
Cardiovascular Care  
Chronic Disease

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- .txt
- Excel Sheet
- Citavi
- EndNote**
- ProCite
- Reference Manager
- RefWorks
- BRS/Tagged
- Reprint/Medlars
- RIS
- XML

## ▼ Search History (7)

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#	Search	Results	Type	Actions	Annotations
1	Family and stroke rehabilitation {Including Limited Related Terms}	1945	Basic	<a href="#">Display Results</a>   More	
2	limit 1 to five stars	35	Advanced	<a href="#">Display Results</a>   More	
3	limit 2 to evidence summaries	9	Advanced	<a href="#">Display Results</a>	
4	limit 2 to recommended practices	2	Advanced	<a href="#">Display Results</a>	
5	limit 2 to best practice information sheets	1	Advanced	<a href="#">Display Results</a>	
6	limit 2 to systematic reviews	16	Advanced	<a href="#">Display Results</a>   Create RSS	
7	limit 2 to cardiovascular care	1	Advanced	<a href="#">Display Results</a>   Remove	

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Publication Year:  -

Publication Types:  Best Practice Information Sheets  Evidence Summaries

Subject Area Nodes:  Aged Care  Burns Care

## ▼ Search History (0)

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- Recommended Practices
- Systematic Review Protocols
- Systematic Reviews

Subject Area Nodes

- Aged Care
- Burns Care
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Search Name: stroke Comment (Optional): Type: AutoAlert (SDI) Save

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- Every other week - on
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## Deduping Options

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- EXCEL (Ovid Result Format only)
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- RIS

- Include Strategy

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- Include external resolver link

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- Email includes records, a Results Display Link, and a link to each record's Fulltext or Complete Reference Display

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#	▲ Searches	Results	Type	Actions	Annotations	⋮
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5	limit 2 to best practice information sheets	1	Advanced	<a href="#">Display Results</a>   More ▾		
6	limit 2 to systematic reviews	16	Advanced	<a href="#">Display Results</a>   More ▾		
7	limit 2 to cardiovascular care	1	Advanced	<a href="#">Display Results</a>   More ▾		

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Publication Year

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Publication Types

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- Evidence Summaries
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- Aged Care
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- 尋找標題詞的定義
- 比對標題詞



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  - gene\*2:gene, genes, genera, ... (不會有generation)
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- 布林邏輯

- AND



- OR



- NOT



- 鄰近檢索

- ADJ# - pain management → pain\* adj3  
manag\*

- Pain management

- management of bladder pain

- manage cancer pain.....

- management of painful

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- 減少健康照護醫療的地區性差異
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