

The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

- I Evidence obtained from a systematic review of all relevant randomised control trials.
- II Evidence obtained from at least one well designed randomised control trial.
- III Evidence obtained from well-designed controlled trials without randomisation.
- IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series
- V Evidence obtained from systematic reviews of descriptive and qualitative studies
- VI Evidence obtained from single descriptive and qualitative studies
- VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology

Melynyk, B. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice (2nd ed.)*. Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.

National Health and Medical Research Council (2009). *NHMRC levels of evidence and grades for recommendations for developers of guidelines* (2009). Australian Government: NHMRC.
http://www.nhmrc.gov.au/files_nhmrc/file/guidelines/evidence_statement_form.pdf

OCEBM Levels of Evidence Working Group Oxford (2011). *The Oxford 2011 Levels of Evidence*. Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=1025>

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Walker J. (2007) Patient preparation for safe removal of surgical drains... art & science clinical skills: 12. <i>Nursing Standard</i> 21(49) 39-41. Available from: CINAHL Plus with Full Text, Ipswich, MA. Accessed July 29, 2013.	VII	General overview of nursing management and removal of drain tubes as established in published literature
Loh, A and Jones P.A. (1991) Evisceration and other complications of abdominal drains. <i>Postgraduate Medical Journal</i> , 67, 687-688.	V	Length of drainage is associated with increased fistulae and intestinal obstruction or erosion into adjacent structures with peritonitis. Drain associated complications include drain site sepsis, abdominal bleeding, kinking/knotting of drains,
Tanaka K, Kutamoto T, Nojiri K, Takeda K, Endo I. (2013) The effectiveness and appropriate management of abdominal drains in patients undergoing elective liver resection: a retrospective analysis and prospective case series. <i>Surgery Today</i> , 43(4), 372-80. Epub 2012 Jul 14.	IV	Ascending infections can be avoided by early drain tube removal.
Bharathan R, Dexter S & Hanson M. (2009). Laparoscopic retrieval of retained Redivac drain fragment. <i>Journal of Obstetrics and Gynaecology</i> , 29(3), 263-264.	VI	Case study demonstrating the effectiveness of post drain removal xray to identify drain fragment, this then resulted in successful removal of fragment
Durai R, Mownah A & Ng PCH (2009). Use of drains in surgery: a review. <i>Journal of Perioperative Practice</i> , 19(6), 180-186.	V	A peer reviewed literature review of drains in surgical situations. Definition and uses of drains
Havey R, Herriman E & O'Brien D. (2013) Guarding the gut: early mobility after abdominal surgery. <i>Critical Care Nursing Quarterly</i> , 36(1), 63-72.	VII	Importance of mobilizing with a drain, process on how to mobilize patient with a drain

<p>Durai R & Ng P. C. H. (2010). Surgical vacuum drains: Types, uses, and complications. <i>AORN Journal</i>, 91(2), 266-71; quiz 272-4. doi:http://dx.doi.org/10.1016/j.aorn.2009.09.024</p>	<p>VII</p>	<p>Overview of drain management, including movement, removal and complications</p>
<p>Pagoti R, Arshad I & Schneider C. (2008). Stuck redivac drain: to open or not to open? A case report. <i>Australian and New Zealand Journal of Obstetrics and Gynaecology</i>, 48(2), 223-224.</p>	<p>VII</p>	<p>Case report detailing complications of a Redivac insertion</p>