



**Figure 1 The guideline selection flow**

**Table 1 The basic characteristics, domain scores and overall quality of those included guidelines**

Guidelines	Institute	Release/ updating year	Target user	Domain score in AGREE II (%)						≥60% domains	≤30% domains	Overall quality
				1*	2*	3*	4*	5*	6*			
Australia[1]	Australian National Stroke Foundation	2010	Stroke rehab	83.33	66.67	63.89	90.74	34.72	72.22	5	0	B
New Zealand[2]	Stroke Foundation of New Zealand,	2010	Stroke rehab	87.04	59.23	59.03	79.63	62.50	97.22	4	0	B
Canada[3]	Canadian Stroke Best Practices and Standards Working Group	2013	Stroke rehab	87.04	83.33	84.72	75.93	70.83	100.0	6	0	A
England[4]	SIGN	2010	Acute & rehab	96.30	94.44	85.42	94.44	88.89	100.0	6	0	A
England[5]	NICE	2013	Stroke rehab	96.30	85.19	92.36	88.89	6.94	100.0	5	1	B

1\*: scope and purpose; 2\*: stakeholder involvement; 3\*: rigor of development; 4\*: clarity of presentation; 5\*: applicability; 6\*: editorial independence

**Table 2 the finally selected recommendations with their strength and their respective audit criteria and audit methods**

No.	Final recommendation items	Recommendation	Audit criteria	Audit methods
1	All stroke patients should be screened for dysphagia before being given food or drink	C	①All stroke patients should be screened for dysphagia before being given food or drink.	Observation nursing records
2	The water swallow test should be used as a part of the screening for aspiration risk in stroke patients.	B	②The Department should have dysphagia screening tools with good reliability and validity, such as drinking water test. ③nurses should master the content and procedures on how to do a dysphagia screening.	Observation nursing profile Observation and inspection Nursing records
3	Patients with dysphagia should be monitored daily in the first week to identify rapid recovery. Observations should be recorded as part of the care plan	D	④Patients with dysphagia should be monitored 24 hours, 72 hours and 1 weeks after admission to identify rapid recovery. Observations should be recorded as part of the care plan. ⑤The unit should have the nursing records of swallowing function monitoring for post-stroke dysphagia patients. ⑥Patients with dysphagia should be marked clearly on the bed tail ⑦The unit should have standardized nursing procedures on dysphagia identification and management. ⑧The unit should have standardized oral care procedure for patients with post-stroke dysphagia.	Nursing profile Interview Nursing profile Nursing profile
4	A training package for nurses should include: risk factors for dysphagia; early signs of dysphagia; observation of eating and drinking habits; water swallow test; monitoring of hydration; monitoring weight and nutritional risk.	D	⑨Nurses should have received professional training on post-stroke dysphagia identification and professional management, involving risk factors, early signs of dysphagia, drinking water test, diet nursing, oral nursing and how to deal with asphyxia etc. ⑩Nurses should have a good mastery of the knowledge and skills on post-stroke dysphagia identification and management.	Interview Knowledge test examination
5	Staff, carers and patients should be trained in	D	⑪Patients with post-stroke dysphagia and the carers should master	Inspection on

feeding techniques. This training should include: modifications of positioning and diet; food placement; management of behavioural and environmental factors; delivery of oral care; management of choking; Assessment results and management recommendations should be carefully documented and communicated to the relevant health professionals, carers and patients.

the knowledge on diet modification and compensatory techniques (postures and manoeuvres).

- 6 Advice on diet modification and compensatory techniques (postures and manoeuvres) should be given following full swallowing assessment. D

⑫Health education on diet modification, food placement, dining environment, eating utensils and compensatory techniques (postures and manoeuvres) should be shared with patients after evaluation with swallowing difficulty. Observation

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#### References

- [1] Australian National Stroke Foundation. Clinical Guidelines for Stroke Management 2010; 2010.
- [2] Stroke Foundation of New Zealand and New Zealand Guidelines Group. Clinical Guidelines for Stroke Management 2010; 2010.
- [3] Lindsay MP, Gubitz G, Bayley M, and Phillips S (Editors) on behalf of the Canadian Stroke Best Practices and Standards Working Group. Canadian Best Practice Recommendations for Stroke Care; 2013.
- [4] Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Identification and management of dysphagia; 2010.
- [5] National Clinical Guideline Centre (NCGC) on behalf of the National Institute for Health and Care Excellence (NICE). Stroke Rehabilitation: Long term rehabilitation after stroke; 2013.