

## 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 (2<sup>nd</sup> 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](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>

<b>Reference (include title, author, journal title, year of publication, volume and issue, pages)</b>	<b>Evidence level (I-VII)</b>	<b>Key findings, outcomes or recommendations</b>
Management of subcutaneous injection sites in palliative care patients, Alberta Health Services, Covenant Health and Seniors Health Regional Palliative Care Program 2005, Clinical Guideline	VII	Palliative Care Clinical Guideline. Outlines the insertion procedure, administration of medications and documentation required for insertion of the subcutaneous device.
Subcutaneous needle insertion and management, SESIAHS Palliative Care Working Party, South Eastern Sydney Local Health Network, NSW Government, 2011, Clinical Guideline	VII	Outlines the insertion and management of subcutaneous needles or cannulas in the adult and paediatric settings. It discusses the correct site, insertion technique, care and removal of the subcutaneous device.
Guidelines for the use of subcutaneous medications in palliative care for adults – Primary care and hospices, NHS Greater Glasgow and Clyde health Authority Scotland, 2010, Clinical practice guideline	VII	Outlines the reason, procedure and administration of medications via the subcutaneous route in palliative care. Has an extensive list of compatible drugs and medications uses for which symptom.
Guidelines for the use of subcutaneous medications in palliative care, NHS Lanarkshire England, 2011, Clinical practice guideline	VII	Outlines the reason, procedure and administration of medications via the subcutaneous route in palliative care. Has an extensive list of compatible drugs and medications uses for which symptom.
A small observational study of the longevity of syringe driver sites in palliative care, S Morgan and N Evans, International Journal of Palliative Nursing, 2004, 11(2)	VI	A literature review on the topic and review of practitioners in the field on the diluents that are used in their practice including nurses, pharmacists and hospitals via an email survey.
The use of syringe drivers: A paediatric perspective, P McNeilly, J Price and S McCloskey, International Journal of Palliative Nursing, 2004, 10(8)	VII	A review article looking at current practice about syringe driver is paediatric palliative care.

Continuous subcutaneous delivery of medications for home care palliative patients – using an infusion set or a pump, S Menahem and P Shvartzman, Support Cancer Care, 2010, 18, 1165-1170, DOI:10.1007/s00520-009-0736-x	III	Double blinded cross over study looking at different infusions methods.
An evaluation of two subcutaneous infusion devices in children receiving palliative care, M Breen, Paediatric Nursing, 2006, 18(4)	III	Comparing 2 different subcutaneous devices looking at the length of time the device was in situ and the skin reactions around the sites, limited numbers in the study.
Procedure for subcutaneous insertion, removal, medication administration and fluid administration for community palliative care patients, Winnipeg Regional Health Authority, Canada, 2010, Clinical Guideline	VII	Clinical practice guideline outlining the procedure around insertion of BD Sat-T-Intima
Guidelines for subcutaneous infusion device management in palliative care, 2 <sup>nd</sup> Ed, Centre for Palliative Care Research and Education, Queensland Health, 2010, Clinical Guideline, ISBN 978-1-921707-07-0	VII	Clinical practice guideline outlining the subcutaneous infusion management
Continuous subcutaneous infusions (CSI) for palliative care, Paediatric Practice Manual, Child and Adolescent Health Service Princess Margaret Hospital for Children, 2013, Clinical Guideline	VII	Clinical practice guideline for continuous subcutaneous infusions
Subcutaneous medications and palliative care: A guide for caregivers, 2nd Edition, S Healy, F Israel, E Reymond, M Lyon-Micic, Brisbane South Palliative Care Collaborative, Queensland Health, 2011, Guideline	VII	Manual for carers at home