** This paper was created as a required assignment for the CSD9639 Evidence Based Practice for Clinicians course at Western. While it has been evaluated*

Participants must also have been allowed some form of oral water intake by the researchers.

Data Collection

The search and selection criteria described above resulted in five studies applicable to this critical review. These included three randomized clinical trial designs, one case control study, and one single subject design.

Results

Garon, Engle, and Ormiston (1997) used a randomized clinical trial design in order to examine the effects of oral ingestion of water on 20 adult patients who had suffered a recent cerebrovascular accident but had adequate cognition, and who have been determined to aspirate thin fluids via videofluroscopy. The researchers randomly assigned the participants to either a control group (n = 10), in which they had access to thickened fluids only, or to a study group (n = 10), in which they had access to thickened fluids, as well as water between meals. The adverse effects measured were dehydration, occurrence of aspiration pneumonia, and intravenous fluid being needed. They also measured patient satisfaction, how long it took until the patient no longer aspirated, and the amount of thickened fluid and/or water that was ingested.

By the end of the study, including a 30 day follow-up period, no participant developed any adverse health effects. Of all the variables that were measured, the researchers reported that the only significant difference was that the control group ingested more thickened fluids than the study group. They also reported that the patients in the study group were much more satisfied than those in the control group.

Strengths of the study include a detailed outline of the characteristics of each participant and inclusion/exclusion criteria. How the study was carried out was also described at length, and the researchers made a point to educate each staff and family member