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CADTH Reference List

ENFiT Connectors for Patients Requiring Enteral Feeding

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CADTH

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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to **requests@cadth.ca**

Key Messages

- No evidence was identified regarding the clinical effectiveness of ENFiT connectors for patients requiring enteral feeding.
- No evidence was identified regarding the cost-effectiveness of ENFiT connectors for patients requiring enteral feeding.
- No evidence-based guidelines describing recommendations regarding ENFiT connectors for patients requiring enteral feeding were identified.

Research Questions

1. What is the clinical effectiveness of ENFiT connectors for patients requiring enteral feeding?
2. What is the cost-effectiveness of ENFiT connectors for patients requiring enteral feeding?
3. What are the evidence-based guidelines describing recommendations regarding ENFiT connectors for patients requiring enteral feeding?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE and Embase via OVID, the Cochrane Database of Systematic Reviews, the international HTA database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2016 and July 14, 2021. Internet links were provided, where available.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. Open access full-text versions of evidence-based guidelines were reviewed when abstracts were not available.

Table 1: Selection Criteria

Criteria	Description
Population	Q1 to Q3: All patients requiring enteral feeding (regardless of age, setting, type of enteral feeding, etc.)
Intervention	Q1 to Q3: Enteral feeding tube (ENFiT) connectors
Comparator	Q1 and Q2: Any non-ENFiT connecting device, method or approach Q3: Not applicable
Outcomes	Q1: Clinical effectiveness (i.e., morbidity/mortality, safety [(e.g., i.e., adverse effects, errors])) Q2: Cost-effectiveness (e.g., incremental cost per unit of health benefit or QALY gained, cost comparison, budget impact analyses, any economic evaluation data available) Q3: Recommendations within evidence-based guidelines
Study designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines

QALY = quality-adjusted life-year.

Results

No relevant health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, economic evaluations, or evidence-based guidelines were identified regarding ENFiT connectors for patients requiring enteral feeding.

References of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

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References

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Economic Evaluations

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix 1: References of Potential Interest

Non-Randomized Studies

Unclear Intervention

1. Tan YW, Chua AYT, Ng Yin K, et al. Optimal management of gastrojejunal tube in the ENFiT era - interventions that changed practice. *J Pediatr Surg*. 2020;S0022-3468(20)30583-2. [online ahead of print] PubMed

Guidelines and Recommendations

Unclear Methodology

2. Subject line: the FDA encourages use of enteral device connectors that reduce risk of misconnection and patient injury. Silver Spring (MD): U.S. Food & Drug Administration; 2018: https://www.fda.gov/media/127990/download?bcs-agent-scanner=17663ad9-b16e-c04b-8386-8cbecbfc60e3 Accessed 2021 Jul 16.
See: The FDA's Recommendations to Support the Transition to Enteral Devices with 80369-3 Compliant Connectors (p.2)

Review Articles

3. Martin K, Gardner G. Home enteral nutrition: updates, trends, and challenges. *Nutr Clin Pract*. 2017;32(6):712-721. PubMed

4. Guenter P, Lyman B. ENFiT enteral nutrition connectors: benefits and challenges. *Nutr Clin Pract*. 2016;31(6):769-772. PubMed

5. Hurt RT, Miller KR, Patel J, Codner P, Mundi MS. Universal small bore connectors (ENFiT) for enteral access: implications for clinical practice. *Current Nutrition Reports*. 2016;5(3):240-244.

Additional References

6. Global Enteral Device Supplier Association. Enteral (ENFit®) - StayConnected by GEDSA; 2021: https://stayconnected.org/enteral-enfit/ Accessed 2021 Jul 16.

7. Implementing the ENFit initiative for preventing enteral tubing misconnections. Plymouth Meeting (PA): ECRI Institute; 2017: https://www.ecri.org/components/HDJournal/Pages/ENFit-for-Preventing-Enteral-Tubing-Misconnections.aspx Accessed 2021 Jul 16/

8. Fidanza S, McNeely H, Jackins R. Focusing on the future during significant change: tubing connection standardization in the pediatric healthcare setting. *J Pediatr Gastroenterol Nutr*. 2016;63 (Supplement 2):S154.