

Results & Conclusion

- The project found that **the overall clinical assessment and CRP** measurement were good indicators for determining the patient's further course of treatment.
- Measuring vital signs were, **by itself, unable to indicate** whether patients were on the proper track for treatment.
- For treatment changes to prevent unnecessary hospitalizations and deterioration of critical illness, the follow-up visit should primarily be performed on Day 2 after starting the antibiotics course.
- Patients and involved parties all indicated that **the follow-up visits** were greatly reassuring.
- Follow-up visits **can prevent a deterioration** of critical illness.
- The nurse's clinical assessment and the determination of CRP levels can be attributed **greater value than measuring only vital signs** when performing an at-home assessment of patients' antibiotics treatment.

The Project Method



Vital signs, CRP and nurse's clinical assessment were measured

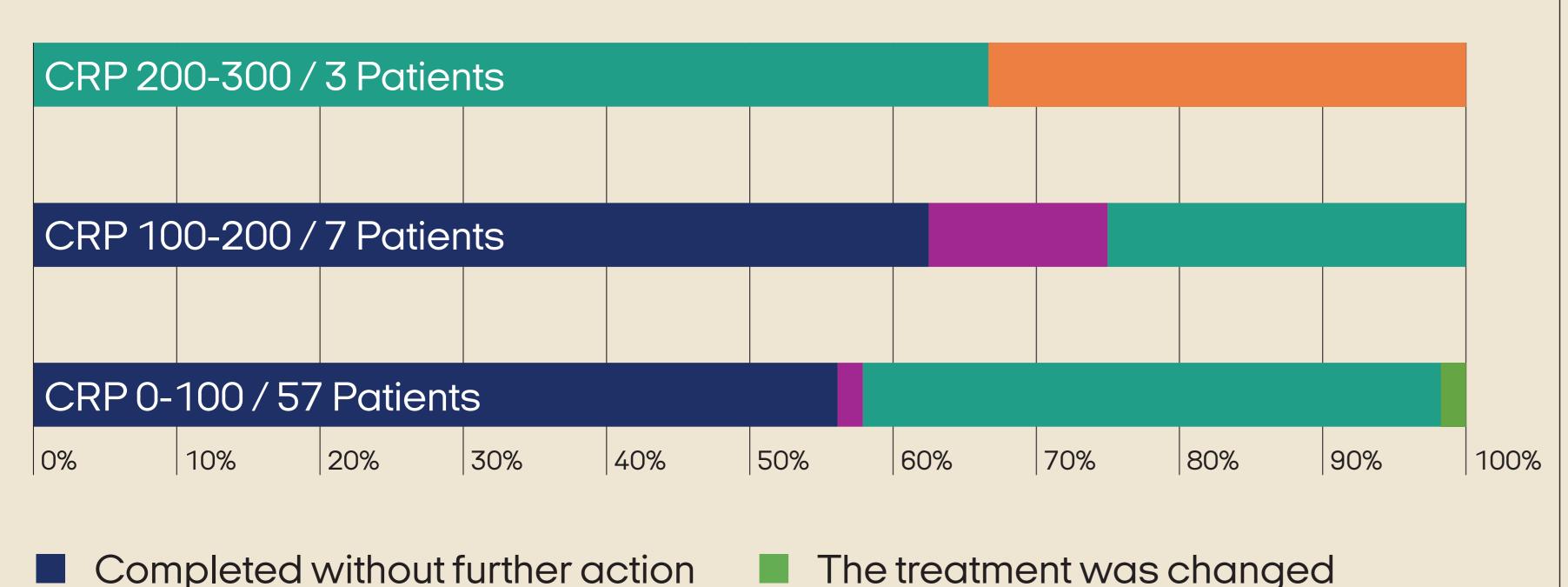
Assessment form was created

Facts from the project

Data collection and registration occurred from September 2022 to January 2023

- 70 patients were included
- 43 came from their own home
- 27 came from a kind of nursing home
- 27 were treated for pneumonia
- 34 were treated for urinary tract infection
- 9 were treated for multiple infections or unknown infections

This is what happened to patients during treatment

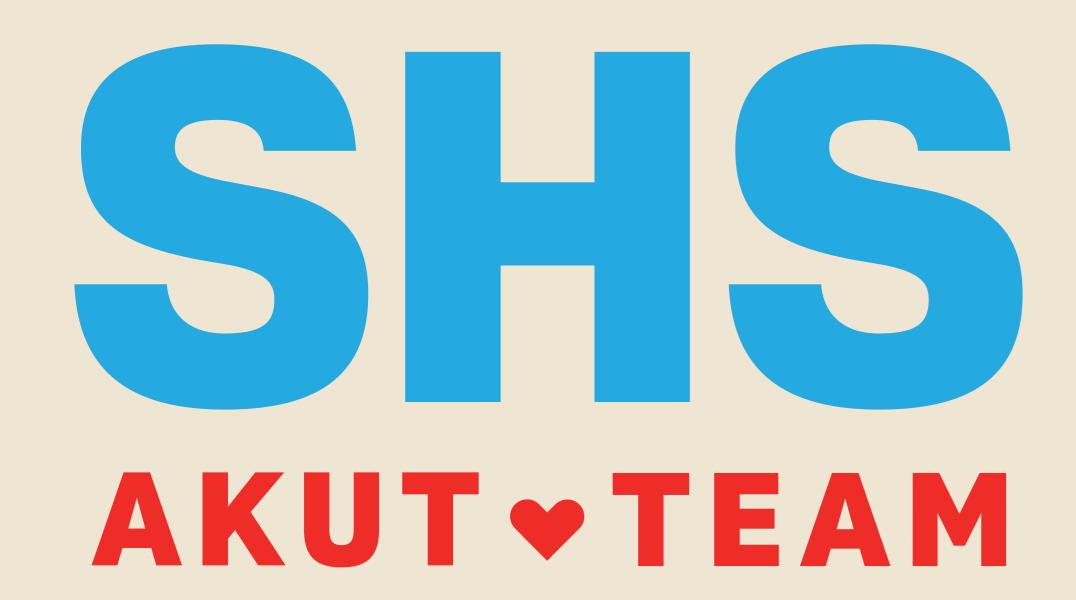


The patient died

- Completed without further action
- More follow-ups
- Hospitalized day 0-3

Vital signs on the first visits compared to C-Reactive Protein (CRP) when starting antibiotics

Vital signs	CRP 0-100	CRP 100-200	CRP 200-300	Not measured	Total
Green	24	5	2	2	33
Yellow	11	1	0	0	12
Orange	16	1	0	1	17
Red	1	0	1	0	2
Not measured	5	0	0	1	6
Total patients	57	7	3	3	70



Why this project?

The present project was prompted by curiosity as to whether the number of hospitalizations might be reduced if the emergency function offered structured, follow-up visits after starting treatment with antibiotics.

The project was designed to determine both when follow-up visits should occur and if the emergency nurse's clinical assessment in the context of measuring the patient's vital signs and C-Reactive Protein (CRP) levels might provide indicators related to the course of treatment.