

Nursing practice with intravenous antibiotic home treatment for patients with cystic fibrosis

- a Scandinavian Nurses Specialist Group - CF Study

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Background: In Scandinavia there are seven CF-centers - two in Denmark, four in Sweden and one in Norway. Sweden and Norway have shared CF care between CF-centres and local hospitals. Denmark have centralised CF-center care. During the last twenty years there have been an accepted practice for intravenous home treatment for patients with CF i Denmark, Sweden and Norway.

Aim: To make a survey of nursing practice with intravenous home treatment for patients with CF in Scandinavia with focus on planning, information and education, cooperation and responsibility.

Results: The study indicates several similarities in nursing practice, but also some differences.

Similarities:

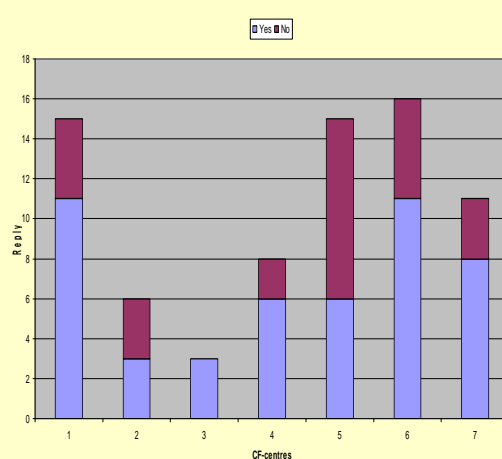
Positive

- All patients are instructed - mostly by nurses
- First dose as hospital infusion
- Serum concentration measured
- Individual judgement of fitness for home treatment

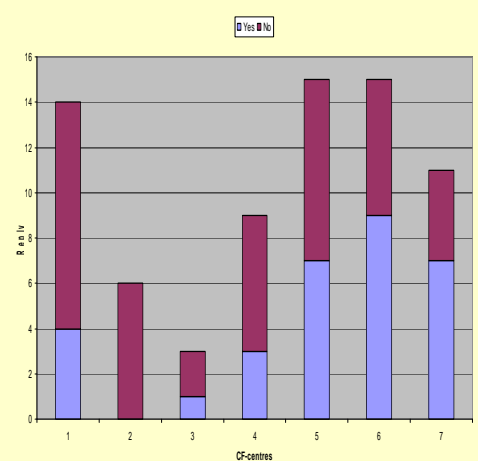
Negative

- Few had written instructions
- Few had re-education

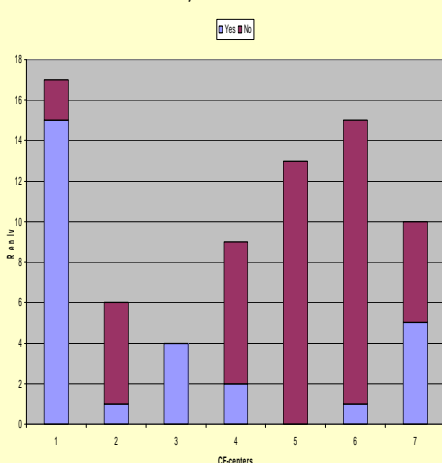
Written instructions



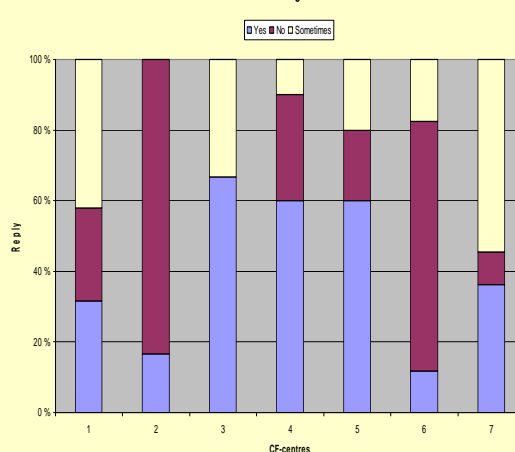
Check list for patient education



Anafylactic readiness at home



Without adult attendance during home infusion



Differences:

- Anafylactic readiness
- Persons responsible for mixing the antibiotic infusion
- Treatment duration
- Adult attendance during infusion
- Examination at treatment ending
- Assessment of need for sick leave

Method: The questionnaire was developed by the group. Translated to each national language, and sent out to nurses working with CF at cooperating local/regional hospitals in Scandinavia.

Numbers of questionnaires:

- Denmark 17 out - 16 returned
- Sweden 71 out - 56 returned
- Norway 39 out - 18 returned

Conclusion: A quality standard for best practice, information and education for home treatment with intravenous antibiotic treatment for patients with CF is needed. A regularly evaluation of practice with home treatment with intravenous antibiotic to secure the best practice.

Shared care is also a challenge concerning home treatment with intravenous antibiotic.