Clinical follow-up of patients on antibiotic treatment

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***Abstract**: The main objective was the training of the nursing team regarding the application of the plan of care for the patient in home hospitalization under antibiotic therapy. The study will be performed at the Municipal Hospital in the city of São Paulo, in the home program called Better at Home which will be applied the daily therapeutic plan for the application of injectable antibiotics. An intervention project was developed, where a unique therapeutic plan was developed for patients with antibiotic therapy, with this is desired to reduce the demands for hospital care and decrease the patient's stay in the hospital, aiming at reducing costs for the institution, a humanized care centered on care with a proposal of home care that includes reorganization of work processes by the health team and discussions about different conceptions and approaches to the family.*

1. Introduction

Tiradentes City has a population estimated at 220 thousand inhabitants that are, to a certain extent, separated by two levels of poverty: the formal or the informal; the average income of the head of the household ranges from 500 to 1,200 real in the Formal City and 200 to 500 in the Informal; illiteracy ranges from 0 to 10% in the Formal City, while in Informal the index is between 10 and 20%. The areas occupied by the population of the Informal City are gaps left in the construction of the Cohab buildings; occupations at the edges of the sets, and also expansion of the urban spot (IBGE, 2012).

Based on the principle of territorialization, one should be responsible for the health care of all the people described. Thus, home care is an inherent activity in the work process of primary care teams, and it is necessary that they are prepared to identify and care for the users who will benefit from this type of care, which implies adjusting certain aspects in the organization of their care process. work, as well as to aggregate certain technologies necessary to perform health care in the home environment (Brasil, 2016).

To structure two Multiprofessional Home Care Teams (EMAD) and a Multiprofessional Support Team (EMAP) with two transport vehicles for each team, and a vehicle for the rescue with the objective of ending daily antibiotics and training of caregivers, and the movement of the professionals of the Multiprofessional Support Team for the Multiprofessional Home Care Team in the need of patient evaluation.

These visits will be scheduled by region, doing in the morning the most distant patients and the afternoon closest to the base (hospital Tiradentes city), to avoid traffic and setbacks of the region, EMADS composed by medical nurse physiotherapist and auxiliary nursing, and EMAP a 2 social assistants (for the judicial demands and the lack of basic sanitation and infrastructure of the population in all the senses), psychologist, nutritionist and a speech therapist.

With the objective of attending patients already accompanied in their homes by the primary care teams that need care of greater intensity and frequency, which can not be performed by the AD1 team. Each EMAD team in your coverage area evaluates and conducts the discussion of cases at a weekly clinical meeting, if necessary, migration to AD2 or AD3 modalities; with attention also to the home care for the patient's family, who was discharged from hospital and has an indication to complete / continue the home care plan, inserted in AD1 AD2 and AD3 modality, under the care of the staff, and later attention the territory.

In cases of urgent emergency at home, the use of the emergency medical service (SAMU), in relation to requesting laboratory tests and imaging, specialists and other demands, the use of the hospital of city and the UBS of reference of the territory . This theme is of fundamental importance in my vision, which, through its own experience of emergency room service, addresses the issue; Patients often stay in chairs waiting hours for the release of stretchers, which would be much better being at home with the family, for the treatment that often and an intravenous treatment.

This project aims to enable the nursing team to apply the plan of care for the patient in home hospitalization (ID) on antibiotic therapy and to

elaborate a singular therapy plan (PTS) for the patient at the end of antibiotic, containing the proposed conducts, services and equipment required.

It is estimated that 300 million people worldwide suffer from asthma, with 250,000 annual deaths attributed to the disease or its complications. According to the World Health Organization (WHO), in India there are about 15 to 20 million asthmatics [1]. In the United States, about 34.1 million people (11.5% of the population) were diagnosed with asthma by a health professional during his or her life [2], and approximately 3% to 7% of adults and between 4% and 20% of children are affected by the disease [3]. In Brazil in the early 2000s, prevalence of asthma among adults ranged from 4.1% to 4.5%, depending on the age group considered [4,5].

Asthma is a very common disease that causes enormous social impact. Data from the Centers for Disease Control and Prevention (CDC) indicate that 10 to 11 million Americans had experienced acute episodes of asthma by the end of the 20th century, resulting in 13.9 million outpatient visits, 2 million emergency room visits, and 423,000 hospitalizations at a total cost of over 6 billion dollars [6]. Asthma is the most common chronic respiratory disease in Canada, affecting about 2.2 million adults and 0.8 million children. Inadequate asthma control imposes a significant burden on the health system, with annual direct and indirect costs estimated to exceed $ 600 million in Canada [7].

In addition to the costs of the disease, asthma also has a great impact on patients' lives, increasing absenteeism at school and at work [8,9], sometimes leading to the abandonment of employment due to impossibility to perform the function, limiting physical activities, causing diverse psychological problems and worsening the quality of life [10,11].

The impact of asthma has traditionally been measured in terms of disease prevalence, mortality, and levels of utilization of health services, particularly hospital admissions. However, the impact of asthma extends beyond these outcomes, by exerting effects on lifestyle, well-being and self-assessment of health status [12]. There are few standardized studies and based on population surveys that assess the impact of asthma on self-reported health [13]. The aim of this is to explore the association between asthma and self-reported health in a national sample of Brazilian adults.

2. Methods

The study was conducted at the Municipal Hospital in the city of São Paulo, in the home program called Better at Home "which will be applied the daily therapeutic plan for the application of injectable antibiotics. The sector requests a consultation for the Best Home team, the physician, the nurse and the social worker are activated, where the initial evaluation of this patient will be done and the needs of the individual therapeutic plan (PTS) will be developed. reassessed or modified at clinical meetings held weekly by the team.

The materials and drugs will be released by the hospital cost center, the structure of the Best Home is located in the hospital, with money allocated by the city hall for the institution, which in turn is passed on to the program according to the budget plan.
In the therapeutic plan, the periodicity of the visits is decided, such as time of treatment of the antibiotic, prediction of discharge, viability of the venous access and social conditions of the patient.

3. Results and Discussion

Home care is a model of health care, which seeks to deinstitutionalize patients who are hospitalized in hospital services, in addition to reducing the number of unnecessary readmissions. The Ministry of Health issued Decree No. 2,527, dated October 2011, which contextualizes the modality of home care. The proposal of home care includes the reorganization of the work process by the health team and the discussions about different conceptions and approaches to the family. It is hoped that professionals will be able to act with creativity and critical sense, through a humanized, competent and resolutive practice, involving actions of promotion, prevention, and rehabilitation and rehabilitation. (Brasil, 2011).

The nursing team that provides care to the patient, should have the knowledge of the resources that will find during the home care, it is of paramount importance that she has been trained in the manipulation of these, being it able to identify multipathologies, polypharmacy and fragilities in several spheres, either by the clinical picture or socioeconomic condition. (Brito et al, 2013)

Home care aims to reduce hospitalization time and avoid the hospitalization of patients treated in emergency and hospitalization units in those cases where there are conditions to perform or complement the antibiotic treatment in the patient's home so that the home care teams need to be able to plan the work processes, elaborate therapeutic projects and care protocols, it is worth mentioning that the equipment, medicines and materials must be regularized together with ANVISA to obtain the traceability, control system and correct transportation of these drugs. (Brasil, 2017)

It is important to emphasize the elaboration of the unique therapeutic plan, that is, they are cares

containing conducts and proposals in order to carry out the treatment of this patient, establishing length of stay, the periodicity of the visits, taking into account the needs of continuous care and the role of each member of the team and the reference professional responsible for coordinating the actions proposed for the patient. (Carvalho, 2009)

A study carried out in Montes Claros in Minas Gerais showed that in 45 total beds, 7 users could be having the continuity of their treatment with safety, since it is more comfortable to be next to their relatives. (Paiva et al., 2013) Other research has shown that patient recovery is faster and more effective, strengthening the trust bond with professionals and the client, thus favoring a better adherence to treatment. (Hermann & Lacerda, 2007)

Usually, daily visits are made by the nursing assistant for administration of the antibiotic, the nurse and the doctor will perform the visit weekly to evaluate the patient and set the discharge forecast, and if there is no change in the clinical status, the discharge will be scheduled for 30 days.

The method to carry out the visits is to organize an EMAD and EMAP with two transport vehicles for each team, and a vehicle for the rescue with the objective of ending daily antibiotics of the patients in hospital stay, the movement of the EMAP professionals to the EMADS in the need for patient evaluation.

An intervention project was developed, where a unique therapeutic plan was developed for patients with antibiotic therapy, with this I hope to reduce the demands for hospital care and decrease the patient's stay in the hospital, aiming at reducing costs for the institution, a humanized care centered on care with a proposal of home care that includes reorganization of work processes by the health team and discussions about different conceptions and approaches to the family. Professionals are expected to be able to act creatively and critically, through a humanized, competent and resolutive practice that involves advocacy, prevention, rehabilitation and rehabilitation.

The active participation of the user, family and professionals involved in home care is an important feature for the implementation of this type of care. Thus, articulation with other levels of attention and intersectoriality is fundamental to the collective construction of an integrated health care proposal, as well as to increase the serviceability and improve the quality of life of people, by building healthier treatment environments , in addition to medical technology, the recognition of the therapeutic potentialities present in family relationships. Conflicts, interactions and disaggregations are part of the symbolic and particular universe of the family, intervening directly in the health of its members. Attending at home and taking care of family health with integrality and dynamicity, rebuilding relationships and meanings.

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