

Background. Respiratory tract infections belong among the most frequent inflammatory affections. They are mostly cured as outpatients. Cases with complicated or serious course have to be hospitalized. The aim of the project was to evaluate the procedures of physicians of pulmonary department in the diagnosis and therapy of respiratory infections including community acquired pneumonia of inpatients. The drug prescription and its adherence to the positive list were evaluated. Clinical effectivity of therapy was evaluated according to the acquired data and cost effectivity was followed up.

Methods. The project included 200 patients who were examined and treated according recommended standard guidelines as "usually". All diagnostic and therapeutic activity depends only on the decision of the physician without any intervention. As the patient was accepted and received antibiotics, so immediately he entered the study. The project protocol consisted of usual questions on which physician had to response during his deciding diagnostic and therapeutic action. The project had non-intervention character. The results of all decisions and examinations were recorded so to the documents of patient as to the protocol of the project and at the same moment to the PATS in the order not to be changed.

Conclusions.

Data analysis confirmed the procedure of physicians in this project can be accepted as very good reflect of usual clinical conditions for inpatients suffering from community acquired infections of respiratory tract. Recommended guideline used as standard has high quality and it enabled clear decision in all phases of patient s care; it provided important fact of clinical practice guidelines. Physician adherence to the standard recommended guideline showed its importance and forms of its evaluation in clinical practice. Point of view of physician will be certainly completed with the point of view of patient in future. In the present conditions of clinical practice is quite difficult to speak about the implementation of clinical and cost effectivity. Nevertheless the project demonstrated the importance of these basic terms characterising effective, safe and economic health interventions.