

References

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Improving management of respiratory infections.

The benefits of CRP point-of-care testing in General Practice

Contact

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9196-03EN, 10/2024. Not intended for the US market.
The products are CE-marked either under IVDD (EC/98/79) or IVDR (2017/746).

QuikRead go CRP point-of-care tests support diagnosis and guide antibiotic prescribing.

C-reactive protein (CRP) is a widely used sensitive diagnostic marker to aid evaluation of acute infections and inflammation. CRP production is proportional to the intensity of infection and inflammation making it a useful tool for the management of lower respiratory tract infections and guiding antibiotic prescribing in primary care.

Aidian's QuikRead go CRP point-of-care (POC) tests are fast, accurate, and precise, providing immediate CRP results at the General Practice.

Fast and quantitative CRP POC result during the patient visit provides substantial benefits for the physician compared to the laboratory CRP testing.



Results that are **immediately** available, aid in the diagnostic and treatment decisions for acute infections.



Evaluation of the **disease severity** – specifically to determine whether the infection is self-limiting, if antibiotics provide benefit for the patient or if patient requires admission to the hospital.



Diagnostic uncertainty of the physicians is one of the main factors that drive antibiotic overprescribing in primary care. CRP POC test result **increases the diagnostic confidence** and supports the decision when to prescribe antibiotics¹.



Decreases unnecessary antibiotic prescribing significantly without compromising patients' safety^{2,3}.



An objective tool for the physician to communicate for the patient why antibiotics are not needed. CRP POC testing supports successful patient-doctor communication and **increases patient satisfaction**.⁴

Easy to use. Reliable results in 2 minutes!

CRP POC testing drives **sustainable use of antibiotics** and antimicrobial stewardship in healthcare.



Clinical guideline recommendations for interpretation of CRP results in the diagnosis and antibiotic guidance of lower respiratory tract infections in adults.⁵⁻¹⁰

CRP < 20 mg/l: Bacterial infection unlikely. Antibiotics discouraged.

CRP 20–100 mg/l: Bacterial infection is possible. Clinical picture is the most decisive when making treatment decisions. Delayed prescribing possible if relevant.

CRP 20–40 mg/l: Generally, antibiotics are not recommended. Consider prescribing antibiotics if high risk for complicated course or if patient has relevant comorbidities, such as COPD, diabetes, and in vulnerable elderly.

CRP 40–100 mg/l: Usually, antibiotics are not needed. Consider antibiotics if severe bacterial infection suspected or in patients having COPD exacerbation with obvious increased purulence of sputum. Consider antibiotics also if high risk for complicated course due to other relevant comorbidities.

CRP > 100 mg/l: Bacterial infection very likely. Antibiotics recommended.

Severe infection, high risk for pneumonia. Hospitalization according to clinical assessment.