**Objective.** A study of the role of the nurse in carrying out rational therapy with the analysis of data of research of treatment of patients on the basis of City Hospital № 21 of Dnipro for 2019.

**Materials and methods.** A study of 50 case histories of patients with infectious diseases of the upper respiratory tract aged 18 to 60 years who required treatment with antibiotics was conducted. Ways and methods of antibiotic therapy were studied. An analysis of the possibilities of the nurse's influence on antibiotic therapy was performed.

**Results and discussion.** According to the results of the study, it was determined that in 2019 the following drugs were most often used: azithromycin, amoxicillin, ceftriaxone, levofloxacin. The route of administration of antibiotics was distributed according to the following rating: the most commonly used parenteral (intramuscular) route of administration, in second place – oral, in third place – parental (intravenous). A stepwise regimen of antibiotics was prescribed in 90 % of cases. The important role of the nurse is determined both in the collection of material for the isolation and study of the pathogen, and in the control and observance of the rules of administration and the algorithm of administration of the antimicrobial drug.

**Conclusions.** The paper covers the role of the nurse in the conduct of rational antibiotic therapy for patients with respiratory infections, noted the features of the appointment of antibiotic therapy in the hospital, ways of drug administration, analysis of treatment results and complications. The issues of rational and safe use of antimicrobial drugs of certain categories of patients – pregnant women, breastfeeding women, the elderly over 60 years – deserve close attention. Particular attention should be paid to the appointment of antibacterial drugs in patients with comorbidities, which should take into account the interaction of various drugs.

**Key words:** the role of the nurse, nosocomial infection, antimicrobial drugs, antibiotic resistance, community-acquired pneumonia, macrolides, azithromycin, fluoroquinolones, ceftriaxone, amoxicillin, levofloxacin, comorbidity.