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LTC Infection Surveillance Report Form

(To be completed by Nursing staff upon *suspicion* of infection)

Stamp addressograph here or type in Resident's demographics

Date Infection Suspected: CELLULITIS/SOFT TISSUE/WOUND INFECTION **URINARY TRACT INFECTION (UTI)** ☐ heat ☐ swelling ☐ tenderness or pain pus at site fever or leukocytosis fever leukocytosis redness serous drainage acute painful urination acute change in mental status from baseline acute swelling or tenderness of the testes, epididymis or acute functional decline acute costovertebral angle pain or tenderness SCABIES suprapubic pain qross hematuria maculopapular and/or itching rash new or marked increase in incontinence physician diagnosis new or marked increase in frequency laboratory confirmation or link to another person with lab at least 10⁵ cfu/mL of no more than 2 organisms in voided confirmed scabies specimen or at least 10² cfu/ml any number of organisms in a straight cath specimen **CATHETER ASSOCIATED UTI** INFLUENZA LIKE-ILLNESS fever, rigors, or new-onset hypotension cough leukocytosis fever>38°C acute change in mental status sore throat acute functional decline joint and muscle pain new onset suprapubic or costovertebral angle pain or complete exhaustion tenderness COMMON COLD SYNDROMES/PHARYNGITIS acute pain, swelling, tenderness and/or purulent discharge from around the catheter runny nose or sneezing acute swelling or tenderness of the testes, epididymis or stuffy nose (i.e., congestion) sore throat or hoarseness or difficulty swallowing prostate Cath specimen w/ at least 10⁵ cfu/mL of any organism(s) PNEUMONIA & LOWER RESPIRATORY TRACT **GASTROENTERITIS** 3 or more liquid or watery stools above what is chest x-ray demonstrating pneumonia or presence of a normal for the patient/resident in a 24hr period new infiltrate 2 or more vomiting episodes in a 24hr period chest x-ray not performed or negative for pneumonia/new a positive stool specimen (that is **not** C.diff) infiltrate nausea new or increased cough abdominal pain or tenderness new or increased sputum production **CLOSTRIDIUM DIFFICILE (CDAD)** O2 saturation <94% on room air or a \downarrow >3% from 3 or more liquid or watery stools above what is normal for baseline the patient/resident in a 24hr period presence of toxic megacolon (abnormal dilatation of the new or changed abnormalities on lung examination large bowel, documented radiographically) pleuritic chest pain respiratory rate >25 per min a stool specimen positive for C.diff / C.diff toxin leukocytosis acute change in mental status from baseline pseudomembranous colitis identified during endoscopy, acute functional decline surgery, or in examination of a biopsy specimen **TREATMENT** ☐ YES \square NO Antimicrobial: Route: Frequency: Duration: x 7 days) Dose:___ Drug Name: _ (e.g. Nitrofurantoin Date Started: LABORATORY DATA Specimen Taken: YES Specimen type _____ Results(if known):

Organism name and quantity (e.g., 1x10² E. Coli) Date Taken: OTHER □ Does not meet definition □ Prophylactic Antimicrobial (specify purpose) □ Change in Rx □ Prior to admission Name of Person Completing This Form (PRINT): ______ Date: ___

DEFINITIONS

CONSTITUTIONAL CRITERION*

Fever

A single oral temperature >37.8°C

OR repeated oral temps >37.2°C **OR** a single oral temp>1.1°C above baseline from any site

Leukocytosis

Neutrophilia (>14,000 leukocytes/mm³) **OR** Left shift (>6% bands or >1,500 bands/mm³)

Acute change in mental status from baseline

All criteria below must be met:

- new fluctuating behavior (e.g., that comes and goes or changes in severity during the assessment)
- 2. new onset of difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted)
- 3. new onset of incoherent thinking (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)
- 4. resident's level of consciousness in described as different from baseline (e.g., hyperalert, sleepy, drowsy, difficult to arouse,

SKIN INFECTIONS

Cellulitis/soft tissue/wound infection. One of the following;

□Pus present at a wound, skin, or soft tissue site.

□at least **four** of the following signs/symptoms:

- heat
- redness
- swelling
- tenderness or pain
- serous drainage
- one constitutional criterion* (above)

Scabies. Both of the following;

maculopapular rash and/or itching rash

□at least **one** of the following;

- physician diagnosis
- laboratory confirmation
- epidemiologic linkage to a lab confirmed case of scabies

RESPIRATORY TRACT INFECTIONS

Influenza-like Illness. Acute onset of respiratory illness characterized by fever, cough, and one or more of the following symptoms:

- sore throat
- joint and muscle pain
- complete exhaustion

Common cold syndromes/pharyngitis. At least two of the following;

- runny nose or sneezing
- stuffy nose (i.e. congestion)
- sore throat or hoarseness or difficulty in swallowing
- dry cough
- swollen or tender glands in the neck (cervical lymphadenopathy)

Pneumonia. All of the following criteria must be met:

□Interpretation of a chest radiograph as demonstrating pneumonia or the presence of an infiltrate.

□at least one of the following signs or symptoms;

- new or increased cough
- new or increased sputum production
- O2 saturation <94% on room air or a reduction in O2 sat of >3% from baseline
- new or changed abnormalities on lung examination
- pleuritic chest pain
- respiratory rate >25 breaths/minute
- ☐ at least one of the constitutional criterion* (above)

Lower Respiratory Tract. All of the following;

- ☐ Chest radiograph not performed or negative results for pneumonia or new infiltrate
- □At least 2 of the signs or symptoms listed in the pneumonia definition above
- □at least one constitutional criterion* (above)

URINARY TRACT INFECTIONS (UTIs)

Without catheter- significant lab results and one of the following criteria must be met:

□Acute dysuria (painful urination) or acute pain, swelling, or tenderness of the testes, epididymis, or prostate

□fever or leukocytosis and at least one of the following;

- Acute costovertebral angle pain or tenderness
- Suprapubic pain
- Gross hematuria
- New or marked increase in incontinence
- New or marked increase in urgency / frequency
- New or marked increase in frequency

$\ \square$ no fever or leukocytosis and at least 2 of the following;

- Suprapubic pain
- Gross hematuria
- New or marked increase in incontinence
- New or marked increase in urgency
- New or marked increase in frequency

Catheter- significant lab results **and o**ne of the following criteria must be met:

☐ fever, rigors, or new-onset hypotension with no alternate site of infection

□either acute change in mental status (see Constitutional Criterion* above) or acute functional decline with no alternate diagnosis **and** leukocytosis (also see above)

□New onset suprapubic pain or **costovertebral angle pain** or tenderness

□purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate

costovertebral angle: one of two angles that outline a space over the kidneys. The angle is formed by the lateral and downward curve of the lowest rib and the vertical column of the spine itself. CVA tenderness to percussion is a common finding in pyelonephritis and other infections of the kidney and adjacent structures.

Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.

GASTROINTESTINAL TRACT INFECTION

Gastroenteritis. One of the following criteria must be met:

□3 or more liquid or watery stools above what is normal for the resident with in a 24 hour period.

□2 or more episodes of vomiting in a 24-hour period.

Both of the following:

- a stool culture positive for a pathogen **that is not C.diff** (*Salmonella*, *Shigella*, *E. coli* 0157:H7, *Campylobacter*, rotavirus, Norovirus etc.) with
- at least one symptom or sign compatible with gastrointestinal tract infection (nausea, vomiting, abdominal pain or tenderness, diarrhea).

CDAD (Clostridium *difficile* Associated Diarrhea). Both of the following;

□3 or more liquid/watery stools above what is normal within a 24 hr period and/or presence of toxic megacolon (abnormal dilation of the large bowel, documented radiographically)
□A stool sample positive for C.difficile/C.difficile toxin and/or

pseudomembranous colitis identified on endoscopic examination or surgery, or on examination of a biopsy specimen.