**Patient Name:** **MRN:** **Location:**

**Date of Infection:**  **Date of Review:**  **Reviewed by:**

**UTI: □** evaluated □ criteria met **LRTI: □** evaluated □ criteria met **SSTI:** **□** evaluated □ criteria met  **FUO: □** evaluated □ criteria met

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| Suspected Infection Syndrome | Minimum Criteria for Starting Antibiotic Therapy |
| Urinary tract infection  *without catheter* | Either one of the following criteria  □ Acute dysuria, OR  □ Temp >37.9 ⁰C (100 ⁰F) or 1.5 ⁰C (2.4 ⁰F) above baseline, AND   ≥1 of the following new or worsening symptoms  □ Urgency □ Frequency  □ Suprapubic pain □ Gross hematuria  □ Urinary incontinence □ Costovertebral angle tenderness |
| *with catheter* | At least one of the following criteria  □ Rigors □ Temp >37.9 ⁰C (100 ⁰F) or 1.5 ⁰C (2.4 ⁰F) above baseline  □ New onset delirium □ New costovertebral angle tenderness |
| *Note: Residents with intermittent catheterization or condom catheter should be categorized as ‘without catheter’*  *Urine culture should be sent prior to starting antibiotics*  *Antibiotics should not be started for cloudy or foul smelling urine* | |
| Lower respiratory tract infection  *with temp >38.9 ⁰C (102 ⁰F)* | At least one of the following criteria  □ Productive cough □ Respiratory rate >25 breaths / minute |
| *with temp >37.9 ⁰C (100 ⁰F) or 1.5 ºC (2.4 ºF) above baseline* | Both of the following criteria  □ Cough, AND  □ At least one of the following criteria  □ Pulse >100 beats / minutes □ Delirium  □ Rigors □ Respiratory rate >25 breaths / minute |
| *afebrile with COPD and  >65 years old* | Both of the following criteria  □ New or increased cough  □ Purulent sputum production |
| *afebrile without COPD* | All of the following criteria  □ New cough  □ Purulent sputum production  □ At least one of the following criteria  □ Delirium □ Respiratory rate >25 breaths / minute |
| *with new infiltrate on chest  X-ray consistent with pneumonia* | At least one of the following criteria  □ Productive cough □ Temp >37.9 ⁰C (100 ⁰F) or 1.5 ⁰C (2.4 ⁰F) above baseline  □ Respiratory rate >25 breaths / minute |
| *Note: Consider ordering chest X-ray and CBC with differential for febrile residents with cough and any of these criteria (HR >100, worsening mental status, or rigors)*  *Antibiotics should not be used for up to 24 h after large-volume aspiration in those without COPD but with temp ≤38.9ºC (102 ºF) and non-productive cough* | |
| Skin and soft-tissue infection | Either one of the following criteria  □ New or increasing purulent drainage, OR  □ At least two of the following criteria  □ Redness (erythema) □ Temp >37.9 ⁰C (100 ⁰F) or 1.5 ⁰C (2.4 ⁰F) above baseline  □ Tenderness □ New or increasing swelling at affected site  □ Warmth |
| *Note: These criteria do not apply to residents with burns*  *Surgical consultation and hospitalization are required for certain soft-tissue infections (e.g., necrotizing fasciitis or gas gangrene)* | |
| Fever where the Focus of Infection is Unknown | Both of the following criteria  □ Temp >37.9 ⁰C (100 ⁰F) or 1.5 ⁰C (2.4 ⁰F) above baseline, AND  □ At least one of the following criteria  □ Rigors □ Delirium |
| *Note: Antibiotic should not be started in residents with fever and altered mental status that does not meet delirium criteria (e.g., reduced functional activities, withdrawal, loss of appetite)* | |

Reference: Loeb M, *et al*. Infect Control Hosp Epidemiol 2001;22:120-4.