

LTC INFECTION SURVEILLANCE REPORT FORM

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

Date Infection Suspected: _____

CELLULITIS/SOFT TISSUE/WOUND INFECTION

- pus at site heat swelling tenderness or pain
 serous drainage fever leukocytosis redness
 acute change in mental status from baseline
 acute functional decline

SCABIES

- maculopapular and/or itching rash
 physician diagnosis
 laboratory confirmation or link to another person with lab confirmed scabies

URINARY TRACT INFECTION (UTI)

- fever or leukocytosis
 acute painful urination
 acute swelling or tenderness of the testes, epididymis or prostate
 acute costovertebral angle pain or tenderness
 suprapubic pain gross hematuria
 new or marked increase in incontinence
 new or marked increase in frequency
 at least 10^8 cfu/L of no more than 2 organisms in voided specimen **or** at least 10^5 cfu/L any number of organisms in a straight cath specimen

INFLUENZA LIKE-ILLNESS

- cough
 fever $>38^{\circ}\text{C}$
 sore throat
 joint and muscle pain
 complete exhaustion

CATHETER ASSOCIATED UTI

- fever, rigors, or new-onset hypotension leukocytosis
 acute change in mental status
 acute functional decline
 new onset suprapubic or costovertebral angle pain or tenderness
 acute pain, swelling, tenderness and/or purulent discharge from around the catheter
 acute swelling or tenderness of the testes, epididymis or prostate
 Cath specimen w/ at least 10^8 cfu/L of any organism(s)

COMMON COLD SYNDROMES/PHARYNGITIS

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

PNEUMONIA & LOWER RESPIRATORY TRACT

- chest x-ray demonstrating pneumonia or presence of a new infiltrate
 chest x-ray not performed or negative for pneumonia/new infiltrate
 new or increased cough
 new or increased sputum production
 O₂ saturation $<94\%$ on room air or a decrease $>3\%$ from baseline
 new or changed abnormalities on lung examination
 pleuritic chest pain respiratory rate >25 per min
 fever leukocytosis
 acute change in mental status from baseline
 acute functional decline

GASTROENTERITIS

- 3 or more liquid or watery stools above what is normal for the patient/resident in a 24hr period
 2 or more vomiting episodes in a 24hr period
 a positive stool specimen (that is **not** C.diff)
 nausea
 abdominal pain or tenderness

CLOSTRIDIUM DIFFICILE (CDAD)

- 3 or more liquid or watery stools above what is normal for the patient/resident in a 24hr period
 presence of toxic megacolon (abnormal dilatation of the large bowel, documented radiographically)
 a stool specimen positive for C.diff / C.diff toxin
 pseudomembranous colitis identified during endoscopy, surgery, or in examination of a biopsy specimen

TREATMENT

Antimicrobial: YES NO

Drug Name: _____ Dose: _____ Route: _____ Frequency: _____ Duration: _____
(e.g. Nitrofurantoin 100mg PO 4 times/day x 7 days)

Date Started: _____

LABORATORY DATA

Specimen Taken: YES NO

Specimen type _____

Date Taken: _____ Results(if known): _____

Organism name and quantity (e.g., 1×10^2 E. Coli)

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 $>37.8^{\circ}\text{C}$

OR repeated oral temps $>37.2^{\circ}\text{C}$ OR a single oral temp $>1.1^{\circ}\text{C}$ above baseline from any site

Leukocytosis

WBC $>11 \times 10^9$ /L OR left shift (lab reports will indicate 'left shift' on smear results)

Acute change in mental status from baseline

All criteria below must be met;

1. 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 is 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
- 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 one 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.