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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: _____

<p>CELLULITIS/SOFT TISSUE/WOUND INFECTION</p> <p> <input type="checkbox"/> pus at site <input type="checkbox"/> heat <input type="checkbox"/> swelling <input type="checkbox"/> tenderness or pain <input type="checkbox"/> serous drainage <input type="checkbox"/> fever <input type="checkbox"/> leukocytosis <input type="checkbox"/> redness <input type="checkbox"/> acute change in mental status from baseline <input type="checkbox"/> acute functional decline </p> <p style="text-align: center;">SCABIES</p> <p> <input type="checkbox"/> maculopapular and/or itching rash <input type="checkbox"/> physician diagnosis <input type="checkbox"/> laboratory confirmation or link to another person with lab confirmed scabies </p>	<p>URINARY TRACT INFECTION (UTI)</p> <p> <input type="checkbox"/> fever or leukocytosis <input type="checkbox"/> acute painful urination <input type="checkbox"/> acute swelling or tenderness of the testes, epididymis or prostate <input type="checkbox"/> acute costovertebral angle pain or tenderness <input type="checkbox"/> suprapubic pain <input type="checkbox"/> gross hematuria <input type="checkbox"/> new or marked increase in incontinence <input type="checkbox"/> new or marked increase in frequency <input type="checkbox"/> at least 10⁵ cfu/mL of no more than 2 organisms in voided specimen or at least 10² cfu/ml any number of organisms in a straight cath specimen </p>
<p style="text-align: center;">INFLUENZA LIKE-ILLNESS</p> <p> <input type="checkbox"/> cough <input type="checkbox"/> fever >38°C <input type="checkbox"/> sore throat <input type="checkbox"/> joint and muscle pain <input type="checkbox"/> complete exhaustion </p>	<p style="text-align: center;">CATHETER ASSOCIATED UTI</p> <p> <input type="checkbox"/> fever, rigors, or new-onset hypotension <input type="checkbox"/> leukocytosis <input type="checkbox"/> acute change in mental status <input type="checkbox"/> acute functional decline <input type="checkbox"/> new onset suprapubic or costovertebral angle pain or tenderness <input type="checkbox"/> acute pain, swelling, tenderness and/or purulent discharge from around the catheter <input type="checkbox"/> acute swelling or tenderness of the testes, epididymis or prostate <input type="checkbox"/> Cath specimen w/ at least 10⁵ cfu/mL of any organism(s) </p>
<p style="text-align: center;">COMMON COLD SYNDROMES/PHARYNGITIS</p> <p> <input type="checkbox"/> runny nose or sneezing <input type="checkbox"/> stuffy nose (i.e., congestion) <input type="checkbox"/> sore throat or hoarseness or difficulty swallowing <input type="checkbox"/> dry cough <input type="checkbox"/> swollen tender glands in the neck </p>	<p style="text-align: center;">GASTROENTERITIS</p> <p> <input type="checkbox"/> 3 or more liquid or watery stools above what is normal for the patient/resident in a 24hr period <input type="checkbox"/> 2 or more vomiting episodes in a 24hr period <input type="checkbox"/> a positive stool specimen (that is not C.diff) <input type="checkbox"/> nausea <input type="checkbox"/> abdominal pain or tenderness </p>
<p style="text-align: center;">PNEUMONIA & LOWER RESPIRATORY TRACT</p> <p> <input type="checkbox"/> chest x-ray demonstrating pneumonia or presence of a new infiltrate <input type="checkbox"/> chest x-ray not performed or negative for pneumonia/new infiltrate <input type="checkbox"/> new or increased cough <input type="checkbox"/> new or increased sputum production <input type="checkbox"/> O2 saturation <94% on room air or a ↓ >3% from baseline <input type="checkbox"/> new or changed abnormalities on lung examination <input type="checkbox"/> pleuritic chest pain <input type="checkbox"/> respiratory rate >25 per min <input type="checkbox"/> fever <input type="checkbox"/> leukocytosis <input type="checkbox"/> acute change in mental status from baseline <input type="checkbox"/> acute functional decline </p>	<p style="text-align: center;">CLOSTRIDIUM DIFFICILE (CDAD)</p> <p> <input type="checkbox"/> 3 or more liquid or watery stools above what is normal for the patient/resident in a 24hr period <input type="checkbox"/> presence of toxic megacolon (abnormal dilatation of the large bowel, documented radiographically) <input type="checkbox"/> a stool specimen positive for C.diff / C.diff toxin <input type="checkbox"/> pseudomembranous colitis identified during endoscopy, surgery, or in examination of a biopsy specimen </p>
<p>TREATMENT</p> <p>Antimicrobial: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Drug Name: _____ Dose: _____ Route: _____ Frequency: _____ Duration: _____</p> <p style="font-size: small;">(e.g. Nitrofurantoin 100mg PO 4 times/day x 7 days)</p> <p>Date Started: _____</p>	
<p>LABORATORY DATA</p> <p>Specimen Taken: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Specimen type _____</p> <p>Date Taken: _____ Results(if known): _____</p> <p style="font-size: small; text-align: center;">Organism name and quantity (e.g., 1x10² E. Coli)</p>	
<p>OTHER</p> <p> <input type="checkbox"/> Does not meet definition <input type="checkbox"/> Prophylactic Antimicrobial (specify purpose) _____ <input type="checkbox"/> Change in Rx <input type="checkbox"/> Prior to admission </p>	

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;

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.