**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

|  |  |
| --- | --- |
| 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.