# Infection Criteria Checklist

**Name:** ____________________________  **Patient/Room #:_________  Date: __________

## Urinary Tract Infection
- Urinary catheter in place
- Urine culture performed (select result)
  - No growth
  - 0-10⁶ organisms/ml
  - >10⁶ organisms/ml
- Fever or chills
- New or increased pain on urination, frequency or urgency
- New flank or suprapubic pain or tenderness
- Change in character of urine
- Worsening of mental or functional status (may be new or increased incontinence)
- Unable to elicit symptoms due to patient mental status

## Gastrointestinal Infections
- Resident must have one of the following:
  - Two or more loose or watery stools above what is normal within a 24-hour period
  - Two or more episodes of vomiting in a 24-hour period
  - A stool culture positive for *Salmonella*, *Shigella*, *E.Coli O157:H7*, or *Campylobactor* or a toxin assay positive for *C.difficile* and one symptom or sign of a GI infection (nausea, vomiting, abdominal pain or tenderness, or diarrhea)

## Viral Hepatitis
- Symptoms are variable and may include jaundice, sudden loss of appetite, nausea and vomiting, fever, malaise, upper respiratory symptoms, tender liver, aversion to smoking.

## Respiratory Tract Infections
- **Common Cold Syndromes/Pharyngitis:**
  - Resident must have two new signs or symptoms:
    - Runny nose or sneezing
    - Stuffy nose (congestion)
    - Dry cough
    - Swollen or tender glands in neck
    - Sore throat, hoarseness, or difficulty swallowing

- **Influenza-Like Illness:** Resident must have fever (>38°C/100.4°F) and three of the following during influenza season:
  - Chills
  - Myalgias
  - Sore throat

- **Bronchitis or Tracheobronchitis:** A negative chest radiograph (or no chest radiography taken) and three of the following:
  - Fever (>38°C/100.4°F)
  - Pleuritic chest pain
  - New or increased cough
  - New or increased sputum production
  - New or increased findings on exam (rales, rhonchi, wheezes, bronchial breathing)
  - New or increased shortness of breath, respiratory rate >25 per minute, worsening mental status

- **Pneumonia:** Chest radiograph demonstrating pneumonia, probable pneumonia, or an infiltrate and two of the signs listed under bronchitis or tracheobronchitis above.

- **Recurrent Lung Aspiration:** Swallowing difficulty/choking/coughing while eating or drinking and positive radiograph demonstrating pneumonia or an infiltrate.

- **Ear Infection:** Either a physician’s diagnosis or drainage from one or both ears (ear pain or redness also required if drainage is not purulent.)

## Skin and Soft Tissue Infections
- **Cellulitis/Soft Tissue/Wound Infection:** Pus at wound, skin, or soft tissue site or four of the following:
  - Fever (>38°C/100.4°F) or worsening mental/functional status

  - At the affected site, the presence of new or increasing:
    - Heat
    - Redness
    - Tenderness or pain
    - Serous drainage

- **Fungal Skin Infection:** Physician’s diagnosis and flaking spots, cracking between the toes.

- **Herpes Simplex and Zoster:** Vesicular rash and physician’s diagnosis.

- **Scabies:**
  - Maculopapular and/or itching rash and/or
  - Physician’s diagnosis
  - Laboratory confirmation

- **Conjunctivitis:** Resident must have one of the following:
  - Pus from one or both eyes for at least 24 hours
  - New or increased conjunctival redness, with or without itching or pain, for at least 24 hours

## Primary Bloodstream Infection (Septicemia)
- Either two or more blood cultures positive for the same organism or a single positive blood culture not thought to be contaminant and one or more of the following:
  - Fever (>38°C/100.4°F)
  - New hypothermia (<34.5°C/94.2°F)
  - A drop in systolic BP >30 mm Hg from baseline
  - Worsening mental or functional status

## Unexplained Febrile Illness (Fever)
- Fever (>38°C/100.4°F) on two or more occasions at least 12 hours apart in any 3-day period with no known cause.

## Other Infections
- Per physician diagnosis (sinusitis, mouth infection, etc.)

**Completed by:** ____________________________  **Date:** __________