



Criteria for Infection Report Form – Gastrointestinal (GI) Tract Infections

Name: _____ Age _____ Sex _____ Unit _____ Room _____

Date of admission/readmission _____ Date infection was noted _____

Suspected Gastroenteritis:	Yes	No	Comments
<p>Must one of the following criteria:</p> <p><input type="checkbox"/> Diarrhea (3 or more liquid/watery stools in a 24 hour period)</p> <p><input type="checkbox"/> 2 or more episodes of vomiting in 24 hours</p> <p>OR</p> <p>Both of the following:</p> <p><input type="checkbox"/> Stool Specimen positive for a pathogen associated with gastroenteritis:</p> <ul style="list-style-type: none"> • Salmonells, Shigella, E. coli, Campylobactor, Rotavirus, etc. <p><input type="checkbox"/> One or more of the following:</p> <ul style="list-style-type: none"> • Nausea • Vomiting • Abdominal Pain or tenderness • Diarrhea <p>*NOTE: Evaluate to rule out noninfectious causes of symptoms</p>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria	

Suspected Norovirus:	Yes	No	Comments
<p>Must meet both criteria:</p> <p>At least one of the following:</p> <p><input type="checkbox"/> Diarrhea (3 or more liquid/watery stools in a 24-hour period)</p> <p><input type="checkbox"/> Vomiting: 2 or more episodes in a 24-hour period</p> <p>AND</p> <p><input type="checkbox"/> A stool specimen that has tested positive by electron microscopy, enzyme immunoassay or molecular diagnostic testing</p> <p>OR</p> <p><input type="checkbox"/> Kaplan Criteria</p> <hr/> <p>NOTE: If laboratory confirmation is not present, an outbreak includes 2 or more cases in a LTC facility of acute gastroenteritis d/t norovirus if meets “Kaplan Criteria”:</p> <ul style="list-style-type: none"> • Vomiting in more than half of affected residents • Incubation period of 24-48 hours • Duration of illness is 12-60 hours <p>No bacterial pathogen identified in stool culture</p>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria	

Source: Stone, N.D., Ashraf, M.S., Calder, J., Cmich, C.J., Crossley, K., Drinka, P.J.....Bradley, S.F. (2012) **Surveillance Definitions of Infections in the Long-Term Care Facilities: Revisiting the McGeer Criteria.** Retrieved from: <http://www.istor.org/stable/10.1086/667743>



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1. **Was resident hospitalized due to this infection?**

- Yes
- No

2. **Culture results (if any):**

DATE:	SITE:	ORGANISM(S):	COMMENTS:
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DATE:	SITE:	ORGANISM(S):	COMMENTS:

3. **Outcome; at end of infection, the resident was:**

- The same or better than before infection
- More dependent than before infection
- Transferred to another facility
- Expired/deceased

4. **Does resident have a multi-drug resistant organism on culture (eg, C-Diff)?**

- Yes
- No

5. **If yes, type:**

- C-Diff
- Other: _____

6. **If culture positive for multi-drug resistant organism, do they meet criteria for infection at the site of positive culture?**

- Yes
- No (If no, resident is likely only colonized and not infected. Isolation or contact precautions may be necessary.)

7. **Was infection reported to local public health agency?**

- Yes
- No, not reportable

Comments: _____

Completed by: _____ **Title:** _____ **Date:** _____