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Criteria for Infection Report Form – Respiratory Tract Infections

Name: ___________________________ Age _____ Sex _____ Unit _________ Room_________
Date of admission/readmission_______________ Date infection was noted ______________

Suspected Cold or Pharyngitis	Yes	No	Comments
Must exhibit 2 or more (Fever may or may not be present): ❑ Runny nose or sneezing ❑ Stuffy Nose or congestion ❑ Sore throat or hoarseness or difficulty swallowing ❑ Dry Cough ❑ Swollen or tender glands in the neck *Symptoms must be new and not due to allergies	❑ **Meets Criteria**	❑ **Does Not Meet Criteria**	

Influenza-like Illness	Yes	No	Comments
Must exhibit 2 or more: ❑ Fever (1-time ≥100˚F, repeated oral temp of >99˚F or single temp >2˚F over baseline **AND 3 or more:** ❑Chills ❑New headache or eye pain ❑Myalgia or body aches ❑Malaise or loss of appetite ❑Sore throat ❑New or increased dry cough **Did resident receive the annual influenza vaccination? ❑ Yes ❑ No	❑ **Meets Criteria**	❑ **Does Not Meet Criteria**	

Pneumonia	Yes	No	Comments
Must exhibit ALL 3 Criteria: ❑ Chest x-ray report = pneumonia or new infiltrate **AND 1 or more:** ❑ New or increased cough ❑ New or increased sputum ❑ O2 sats <94% on room air or a reduction in O2 sats of >3% from baseline ❑ New or change in lung exam-abnormalities ❑ Chest pain that is worse with breathing ❑ Respiratory rate ≥25/minute **AND 1 or more:** ❑ Fever ❑ Leukocytosis ❑Acute Change in Mental Status ❑Acute Functional Decline in ADL's	❑ **Meets Criteria** **NOTE:** this diagnosis can ONLY be made if a chest x-ray is done and results support diagnosis.	❑ **Does Not Meet Criteria**	

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Lower Respiratory Tract (Bronchitis, tracheobronchitis)	Yes	No	Comments
Must exhibit ALL 3 Criteria: ❑ Chest x-ray report negative for pneumonia or new infiltrate **AND 2 or more:** ❑ New or increased cough ❑ New or increased sputum ❑ O2 sats <94% on room air or a reduction in O2 sats of >3% from baseline ❑ New or change in lung exam-abnormalities ❑ Chest pain that is worse with breathing ❑ Respiratory rate ≥25/minute **AND 1 or more:** ❑ Fever ❑ Leukocytosis ❑Acute Change in Mental Status ❑Acute Functional Decline in ADL's	❑ **Meets Criteria**	❑ **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.jstor.org/stable/10.1086/667743

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1. **Was resident hospitalized due to this infection?**
   - ☐ Yes
   - ☐ No
2. **Was chest x-ray performed?**
   - ☐ Yes
   - ☐ No

   Results (may attach copy of x-ray results):____
3. **Culture results (if any):**

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

4. **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
5. **Does resident have a multi-drug resistant organism on culture?**
   - ☐ Yes
   - ☐ No
6. **If yes, type:**
   - ☐ List: ____________________________________
7. **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.)
8. **Was infection reported to local public health agency?**
   - ☐ Yes
   - ☐ No, not reportable

Comments:____

____

____

Completed by: _________________________________ **Title:**________________ **Date:**___________

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