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# Criteria for Infection Report Form – Skin, Soft tissue, and Mucosal Infections

**Name: _____ Age _____ Sex _____ Unit _____ Room_____**
**Date of admission/readmission_____ Date infection was noted _____**

| Suspected Cellulitis, Soft Tissue or Wound Infection | Yes | No | Comments |
|---|---|---|---|
| **Must exhibit 2 or more**<br>❑ Pus present at a wound or soft tissue site<br>❑ New or an increase in at least 4 of the following (Circle):<br>• Heat at site<br>• Redness at site<br>• Swelling at site<br>• Tenderness or pain at site<br>• Serous drainage at site<br>• 1 of the following:<br>o Fever<br>o Leukocytosis<br>o Change in Mental Status (from baseline)<br>o Functional Decline in ADL's (from baseline) | ❑ **Meets Criteria** | ❑ **Does Not Meet Criteria** | |

| Suspected Scabies | Yes | No | Comments |
|---|---|---|---|
| **Must meet both criteria:**<br>❑ A maculopapular rash and itching<br>**AND**<br>**At least 1 of the following**:<br>❑ Diagnosis by physician<br>❑ Lab confirmation (scraping or biopsy)<br>❑ Link to scabies case and laboratory confirmation<br>*caregiver exposure, link to community, etc. | ❑ **Meets Criteria** | ❑ **Does Not Meet Criteria** | |

| Suspected fungal oral or perioral infection (Oral candidiasis) | Yes | No | Comments |
|---|---|---|---|
| Must meet both criteria:<br>❑ Raised white patches noted on inflamed mucosa or plaques on oral mucosa<br>❑ Diagnosis<br>• Physician<br>• Dentist<br>(Note: Oral candidiasis may be due to underlying medical conditions (i.e. diabetes, severe immunosuppression) and is not transmissible | ❑ **Meets Criteria** | ❑ **Does Not Meet Criteria** | ****Can be a marker for increased antibiotic exposure** |

 

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| Suspected Fungal Skin Infection | Yes | No | Comments |
|---|---|---|---|
| **Must meet both criteria:**<br>❑ Rash or lesions<br>❑ Diagnosis by practitioner or confirmed through scraping or biopsy<br>****NOTE:** Potential for rare outbreak (Dermatophytes) | ❑<br>**Meets Criteria** | ❑<br>**Does Not Meet Criteria** | |

| Suspected Herpes virus skin infections<br>❑ Herpes Simplex (Cold sores)<br>❑ Herpes Zoster (Shingles) | Yes | No | Comments |
|---|---|---|---|
| **Must meet both criteria:**<br>❑ Vesicular rash<br>❑ Diagnosis by practitioner or laboratory confirmation<br>*****Note:** Primary herpes skin viruses uncommon in LTC. In pediatric facilities, consider as healthcare associated | ❑<br>**Meets Criteria** | ❑<br>**Does Not Meet Criteria** | |

| Suspected Conjunctivitis | Yes | No | Comments |
|---|---|---|---|
| **Must meet 1 criteria:**<br>❑ Pus present either 1 or both eyes for 24 or more hours<br>❑ New or increased conjunctival redness with or without itching<br>❑ New or increased pain in the conjunctiva, present for at least 24 hours<br>**Note: Symptoms ("pink eye") should not be due to allergic reaction or trauma. | ❑<br>**Meets Criteria** | ❑<br>**Does Not Meet Criteria** | |

****NOTE**: If the wound infection is related to surgical procedures, the facility should use the Centers for Disease Control and Prevention's National Healthcare Safety Network Surgical Site Infection criteria and report these infections back to the institution where the surgery was performed.

**Reference:** Stone, N., Ashraf, M., Calder, J., Crnich, C., Crossley, K., Drinka, P., . . . For the Society for Healthcare Epidemiology Long-Term Care Special Interest Group. (2012). Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. *Infection Control and Hospital Epidemiology, 33*(10), 965-977. doi:10.1086/66774

 

## Criteria for Infection Report Form – Skin, Soft tissue, and Mucosal Infections

1. **Was resident hospitalized due to this infection?**
   - ☐ Yes
   - ☐ No
2. **Culture results (if any):**

| DATE: | SITE: | ORGANISM(S): | COMMENTS: |
|---|---|---|---|
| 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?**
   - ☐ Yes
   - ☐ No
5. **If yes, type:**
   - ☐ List:_____
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:**_____

 