

Minimum Criteria for Initiation of Antibiotics in Long-Term Care Residents

Suspected Urinary Tract Infection

NO indwelling catheter:

- Acute dysuria

or

- Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)

and at least one of the following:

New or worsening:

- Urgency
- Frequency
- Suprapubic pain
- Gross hematuria
- Costovertebral angle tenderness
- Urinary incontinence

WITH indwelling catheter (Foley or suprapubic):

- *At least one of the following:*
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
 - New costovertebral tenderness
 - Rigors
 - New onset of delirium

Note: Foul smelling or cloudy urine is not a valid indication for initiating antibiotics. Asymptomatic bacteriuria should not be treated with antibiotics.

Suspected Skin and Soft-tissue Infection

- New or increasing purulent drainage at a wound, skin, or soft-tissue site

or

- *At least 2 of the following:*
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
 - Redness
 - Tenderness
 - Warmth
 - New or increasing swelling

Source: Loeb et al. Development of Minimum Criteria for the Initiation of Antibiotics in Residents of Long-Term Care Facilities: Results of a Consensus Conference. *Inf Control Hosp Epi.* 2001

Suspected Lower Respiratory Tract Infection

- Fever $>38.9^{\circ}\text{C}$ [102°F]
and at least one of the following:
 - Respiratory rate >25
 - Productive cough

or

- Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature, but $\leq 38.9^{\circ}\text{C}$ [102°F])
and cough
and at least one of the following:
 - Pulse >100
 - Rigors
 - Delirium
 - Respiratory rate >25

or

- Afebrile resident with COPD and >65 years
and new or increased cough with purulent sputum production

or

- Afebrile resident without COPD and new cough with purulent sputum production
and at least one of the following:
 - Respiratory rate >25
 - Delirium

or

- New infiltrate on chest X-ray thought to represent pneumonia
and at least one of the following:
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
 - Respiratory rate >25
 - Productive cough

Chest X-ray and complete cell count with differential is reasonable for residents with fever, cough, and at least one of the following: pulse >100 , worsening mental status, rigors

Fever with Unknown Focus of Infection

- Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
and at least one of the following:
 - New onset delirium
 - Rigors

Note: fever + mental status changes that do not meet delirium criteria (e.g. reduced functional activities, withdrawal, loss of appetite) need to be investigated but empiric antibiotics are not needed.

