

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

## Suspected Urinary Tract Infection

### NO indwelling catheter:

- Acute dysuria
- or*
- Fever ( $>37.9^{\circ}\text{C}$  [ $100^{\circ}\text{F}$ ] or a  $1.5^{\circ}\text{C}$  [ $2.4^{\circ}\text{F}$ ] 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 ( $>37.9^{\circ}\text{C}$  [ $100^{\circ}\text{F}$ ] or a  $1.5^{\circ}\text{C}$  [ $2.4^{\circ}\text{F}$ ] 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 ( $>37.9^{\circ}\text{C}$  [ $100^{\circ}\text{F}$ ] or a  $1.5^{\circ}\text{C}$  [ $2.4^{\circ}\text{F}$ ] 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



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## Suspected Lower Respiratory Tract Infection

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