



Check box only after criteria have been met	Infection Site	Criteria Check off only the signs & symptoms that resident exhibits	Condition and Comments
<input type="checkbox"/> <b>SYSTEMIC INFECTION</b>	<input type="checkbox"/> Primary bloodstream infection	<b>MUST HAVE</b> at least 1 of the following: <input type="checkbox"/> 2 or more blood cultures positive with the same organism <input type="checkbox"/> diagnosis by physician of bloodstream infection (bacteria)	More detailed criteria for bloodstream infections are not given for the following reasons: 1. Resident will, in all likelihood, be in hospital for diagnosis, and 2. Reports of laboratory work and resident's condition when in hospital are frequently unavailable to LTCFs.
	<input type="checkbox"/> Unexplained febrile episode	<b>MUST HAVE</b> at least 2 of the following: <input type="checkbox"/> Documentation in the medical record of fever (>=100°F) on <b>TWO</b> or more occasions at least 12 hours apart in any 3-day period with no known infectious or non-infectious cause	
<input type="checkbox"/> <b>SKIN, SOFT TISSUE AND MUCOSAL INFECTION</b>	<input type="checkbox"/> Cellulitis <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound	<b>MUST HAVE</b> at least 1 of the following: <input type="checkbox"/> Pus at a wound, skin or soft tissue site <u>or</u> <input type="checkbox"/> New or increasing presence of at least 4 or more of the following: <input type="checkbox"/> heat at site <input type="checkbox"/> redness at site <input type="checkbox"/> fever <input type="checkbox"/> swelling at site <input type="checkbox"/> tenderness or pain at site <input type="checkbox"/> serous drainage from site <input type="checkbox"/> acute functional decline <input type="checkbox"/> leukocytosis <input type="checkbox"/> acute change in mental status from baseline	Presence of organisms cultured from the surface (e.g., superficial swab sample) of a wound is not sufficient evidence that the wound is infected. More than 1 resident with streptococcal skin infection from the same serogroup (e.g., A, B, C, G) in a long-term care facility (LTCF) may indicate an outbreak.
Site: _____	<input type="checkbox"/> Fungal <input type="checkbox"/> Oral <input type="checkbox"/> Perioral <input type="checkbox"/> Skin	Oral candidiasis <b>MUST HAVE BOTH</b> : <input type="checkbox"/> Presence of raised white patches on inflamed mucosa or plaques on oral mucosa, <u>and</u> <input type="checkbox"/> Diagnosis by a medical or dental provider  Fungal skin infections <b>MUST HAVE BOTH</b> : <input type="checkbox"/> Character rash or lesions, <u>and</u> <input type="checkbox"/> Either physician diagnosis or lab confirmation	Mucocutaneous <i>Candida</i> infections are usually due to underlying clinical conditions such as poorly controlled diabetes or severe immunosuppression. Although they are not transmissible infections in the healthcare setting, they can be a marker for increased antibiotic exposure. Dermatophytes have been known to cause occasional infections and rare outbreaks in the LTCF setting.
	Herpesvirus infections <input type="checkbox"/> Herpes Simplex <input type="checkbox"/> Herpes Zoster	<b>MUST HAVE BOTH</b> : <input type="checkbox"/> A vesicular rash, <u>and</u> <input type="checkbox"/> Either physician diagnosis or lab confirmation	Reactivation of herpes simplex ("cold sores") or herpes zoster ("shingles") is not considered a healthcare-associated infection.
	<input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Right <input type="checkbox"/> Left	<b>MUST HAVE</b> at least 1 of the following: <input type="checkbox"/> Pus appearing from 1 or both eyes, present for at least 24 hours <u>or</u> <input type="checkbox"/> New or increased conjunctival erythema, with or without itching <u>or</u> <input type="checkbox"/> New or increased conjunctival pain, present for at least 24 hours	Conjunctivitis symptoms ("pink eye") should not be due to allergic reaction or trauma.
	<input type="checkbox"/> Scabies	<b>MUST HAVE BOTH</b> : <input type="checkbox"/> A maculopapular and/or itching rash, <u>AND</u> <input type="checkbox"/> Physician diagnosis <u>or</u> <input type="checkbox"/> Lab confirmation <u>or</u> <input type="checkbox"/> Epidemiologic linkage to a case of scabies with lab confirmation.	An epidemiologic linkage to a case can be considered if there is evidence of geographic proximity in the facility, temporal relationship to the onset of symptoms, or evidence of common source of exposure. Care must be taken to rule out rashes due to skin irritation, allergic reactions, eczema, and other noninfectious skin conditions.
<input type="checkbox"/> <b>GASTRO INTESTINAL TRACT INFECTION</b>	<input type="checkbox"/> Gastroenteritis	<b>MUST HAVE</b> at least 1 of the following: <input type="checkbox"/> 3 or more loose or watery stools above what is normal for resident within a 24 hour period <input type="checkbox"/> 2 or more episodes of vomiting within a 24 hour period <u>or BOTH</u> of the following: <input type="checkbox"/> stool culture positive for pathogen: Salmonella, Shigella, E. coli Campylobacter, O157:H7 <b>AND</b> <input type="checkbox"/> at least 1 of the following: nausea, vomiting diarrhea, abdominal pain or tenderness	Care must be taken to exclude noninfectious causes of symptoms. New medications may cause diarrhea, nausea, or vomiting; initiation of new enteral feeding may be associated with diarrhea; and nausea or vomiting may be associated with gallbladder disease. Presence of new GI symptoms in a single resident may prompt enhanced surveillance for additional cases. In the presence of an outbreak, stool specimens should be sent to confirm the presence of norovirus or other pathogens (e.g., rotavirus or E. coli O157:H7).
	<input type="checkbox"/> Norovirus gastroenteritis	<b>MUST HAVE</b> at least 1 of the following: <input type="checkbox"/> 3 or more loose or watery stools above what is normal for resident within a 24 hour period <input type="checkbox"/> 2 or more episodes of vomiting within a 24 hour period <b>AND</b> : <input type="checkbox"/> stool specimen where norovirus is positively detected (electron microscopy, enzyme immunoassay or PCR)	In the absence of laboratory confirmation, an outbreak (2 or more cases occurring in a LTCF of acute gastroenteritis due to norovirus infection may be assumed to be present if all of the following criteria are present ("Kaplan Criteria"): a. vomiting in more than half of affected persons; b. a mean incubation period of 24-48 hrs; c. a mean duration of illness of 12-60 hrs; and d. no bacterial pathogen is identified in stool culture.
	<input type="checkbox"/> <i>Clostridium difficile</i> infection	<b>MUST HAVE</b> at least 1 of the following: <input type="checkbox"/> 3 or more loose or watery stools above what is normal for resident within a 24 hour period <input type="checkbox"/> Presence of toxic megacolon documented radiologically <b>AND MUST HAVE</b> at least 1 of the following: <input type="checkbox"/> Positive lab test for C. difficile toxin A or B, or a toxin producing C. difficile organism is identified via culture or PCR <input type="checkbox"/> Pseudomembranous colitis is identified during endoscopic exam or surgery or in histopathologic exam of biopsy specimen	A primary episode of C diff infection is defined as one that has occurred without any previous history of C diff infection or that has occurred >8 wks after the onset of a previous episode. A recurrent episode of C diff infection is defined as an episode of C diff infection that occurs 8 wks or sooner after the onset of a previous episode, provided that the symptoms form the earlier (previous) episode have resolved. Individuals previously infected with C diff may continue to remain colonized even after symptoms resolve. In an outbreak of GI infections, individuals could have positive test results for C diff toxin because of ongoing colonization and also be coinfecting with another pathogen. It is important that other surveillance criteria be used to differentiate infections in this situation.

4. Was resident hospitalized due to this infection?  No  Yes

5. Labs completed?  No  Yes Specify:  Culture type: \_\_\_\_\_  CBC  Other: \_\_\_\_\_  
Results: \_\_\_\_\_ Temp: \_\_\_\_\_

6. Chest X-ray completed?  No  Yes Results: \_\_\_\_\_

7. Isolation initiated?  No  Yes Specify:  Contact Precautions  Droplet Precautions

8. MD/APRN orders?  No  Yes Write complete order and stop date: \_\_\_\_\_

\_\_\_\_\_  
Name of Physician: \_\_\_\_\_

Report prepared by: \_\_\_\_\_ Date of report: \_\_\_\_\_

Reviewed by Nurse Manager: \_\_\_\_\_ Date: \_\_\_\_\_