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Urinary Tract Infections (UTIs)	
UTI – without indwelling catheter	UTI – with indwelling catheter
<i>Both criteria 1 & 2 MUST be met:</i>	<i>Both criteria 1 & 2 MUST be met:</i>
1. At least 1 of the following:	1. At least 1 of the following:
a. dysuria or acute pain, swelling or tenderness of the testes, epididymis or prostate	a. Fever, rigors, OR new-onset hypotension, with no alternate site of infection
b. Fever OR leukocytosis AND at least ONE of the following: - Costovertebral angle tenderness (mid/center back) - Suprapubic pain - Gross hematuria - New or increased incontinence - New or increased urgency - New or increased frequency	b. Leukocytosis AND either acute change in mental status OR acute functional decline with no alternate diagnosis
c. If no fever or leukocytosis, then TWO or more of the following: - Suprapubic pain - Gross hematuria - New or increased incontinence - New or increased urgency - New or increased frequency	c. New-onset suprapubic pain OR costovertebral angle pain/tenderness

	d. Purulent discharge from around the catheter OR acute pain, swelling, or tenderness of the testes, epididymis, or prostate
2. One of the following:	2. $\geq 10^5$ cfu/mL of any number of organisms from urinary catheter specimen
a. $\geq 10^5$ cfu/mL of ≤ 2 organisms in voided urine	
b. $\geq 10^2$ cfu/mL of any number of organisms of in/out catheter sample	

Respiratory Tract Infections (RTIs)	
Common Cold Syndrome or Pharyngitis	Influenza-like Illness
At least 2 MUST be met:	<i>Both criteria 1 & 2 MUST be met:</i>
- Runny nose or sneezing - Stuffy nose (i.e., congestion) - Sore throat or hoarseness of difficulty in swallowing - Dry cough - Swollen or tender glands in the neck (cervical lymphadenopathy)	1. Fever
	2. At least 3 of the following:

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	<ul style="list-style-type: none"> - Chills - New headache or eye pain - Myalgias or body aches - Malaise or loss of appetite - Sore throat - New or increased dry cough
Pneumonia	Lower Respiratory Tract (Bronchitis or tracheobronchitis)
<i>All 3 criteria MUST be met:</i>	<i>All 3 criteria MUST be met:</i>
1. CXR with pneumonia OR new infiltrate.	1. CXR not performed OR negative results for pneumonia or new infiltrate
2. At least 1 of the following:	2. At least 2 of the following:
<ul style="list-style-type: none"> - New or increased cough - New or increased sputum production - O2 saturation <94% on room air OR a reduction in O2 saturation of >3% from baseline - New or changed lung examination abnormalities - Pleuritic chest pain - Respiratory rate of ≥ 25 breaths/min 	<ul style="list-style-type: none"> - New or increased cough - New or increased sputum production - O2 saturation <94% on room air OR a reduction in O2 saturation of >3% from baseline - New or changed lung examination abnormalities - Pleuritic chest pain - Respiratory rate of ≥ 25 breaths/min
3. At least 1 of the constitutional criteria (see last page)	3. At least 1 of the constitutional criteria (see last page)

Skin, Soft Tissue and Mucosal Infections

Cellulitis, soft tissue or wound infection	Scabies
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At least 1 MUST be met:	<i>Both criteria 1 & 2 MUST be met:</i>
1. Pus present at a wound, skin or soft tissue site	1. A maculopapular and/or itching rash
2. New or increasing presence of at least 4 of the following sign or symptom subcriteria <ul style="list-style-type: none"> - Heat at the affected site - Redness at the affected site - Swelling at the affected site - Tenderness or pain at the affected site - Serous drainage at the affected site - One Constitutional Criteria in Residents of Long Term Care Facilities 	2. At least 1 of the following scabies subcriteria <ul style="list-style-type: none"> - Physician diagnosis - Laboratory confirmation (scraping or biopsy) - Epidemiologic linkage to a case of scabies with laboratory confirmation
Fungal oral or perioral and skin infection	Herpesvirus skin infections
Oral candidiasis (both criteria must be met) <ul style="list-style-type: none"> - Presence of raised white patches on inflamed mucosa or plaques on oral mucosa - Diagnosis by a medical or dental provider 	Herpes simplex infection (both criteria must be met) <ul style="list-style-type: none"> - A vesicular rash - Either physician diagnosis or laboratory confirmation
Fungal skin infection (both criteria must be met) <ul style="list-style-type: none"> - Characteristic rash or lesions - Either a diagnosis by a medical provider or a laboratory- confirmed fungal pathogen from a scraping or a medical biopsy 	Herpes zoster infection (both criteria must be met) <ul style="list-style-type: none"> - A vesicular rash - Either physician diagnosis or laboratory confirmation
Conjunctivitis	
At least 1 MUST be met:	
<ul style="list-style-type: none"> - Pus appearing from 1 or both eyes, present for at least 24 hours - New or increased conjunctival erythema, with or without itching - New or increased conjunctival pain, present for at least 24 hours 	

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Gastrointestinal (GI) Tract Infections	
Gastroenteritis	<i>Colstridium difficile</i> infection
At least 1 of the following:	<i>Both criteria 1 & 2 MUST be met:</i>
1. Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24 hour period	1. One of the following GI subcriteria
2. Vomiting: 2 or more episodes in a 24 hour period	- Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24 hour period - Presence of toxic megacolon (abnormal dilation of the large bowel, documented radiologically)
3. Both of the following sign or symptom subcriteria	2. One of the following diagnostic subcriteria
- A stool specimen testing positive for a pathogen (eg, <i>Salmonella</i> , <i>Shigella</i> , <i>Escherichia coli</i> O157 : H7, <i>Campylobacter species</i> , rotavirus) - At least 1 of the following GI subcriteria a. Nausea b. Vomiting c. Abdominal pain or tenderness d. Diarrhea	- A stool sample yields a positive laboratory test result for <i>C. difficile</i> toxin A or B, or a toxin-producing <i>C. difficile</i> organism is identified from a stool sample culture or by a molecular diagnostic test such as PCR - Pseudomembranous colitis is identified during endoscopic examination or surgery or in histopathologic examination of a biopsy specimen
Norovirus gastroenteritis	
<i>Both criteria 1 & 2 MUST be met:</i>	

<p>1. At least 1 of the following GI subcriteria</p> <p>a. Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24 hour period</p> <p>b. Vomiting: 2 or more episodes of in a 24 hour period</p> <p>2. A stool specimen for which norovirus is positively detected by electron microscopy, enzyme immunoassay, or molecular diagnostic testing such as polymerase chain reaction (PCR)</p>	
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<p>Constitutional Criteria in Residents of Long-Term Care Facilities (LTCFs)</p>

<p>A. Fever</p>	<p>C. Acute change in mental status from baseline (all criteria must be present)</p>
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<p>1. Single oral temperature >37.8°C (>100°F) OR 2. Repeated oral temperatures >37.2°C (99°F) or rectal temperatures >37.5°C (99.5°F) OR 3. Single temperature >1.1°C (2°F) over baseline from any site (oral, tympanic, axillary)</p>	<p>1. Acute onset 2. Fluctuating course 3. Inattention AND 4. Either disorganized thinking or altered level of consciousness</p>
<p>B. Leukocytosis</p>	<p>D. Acute functional decline</p>
<p>1. Neutrophilia (>14,000 leukocytes/mm³) OR 2. Left shift (>6% bands or ≥1,500 bands/mm³)</p>	<p>1. A new 3-point increase in total activities of daily living (ADL) score (range, 0-28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence)¹⁴</p> <ul style="list-style-type: none"> a. Bed mobility b. Transfer c. Locomotion within LTCF d. Dressing e. Toilet use f. Personal hygiene g. Eating

<p>Confusion Assessment Method</p>	
<p>Acute Onset</p>	<p>Evidence of acute change in resident’s mental status from baseline</p>
<p>Fluctuating</p>	<p>Behavior fluctuating (e.g., coming and going or changing in severity during the assessment)</p>
<p>Inattention</p>	<p>Resident has difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted)</p>
<p>Disorganized thinking</p>	<p>Resident’s thinking is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)</p>
<p>Altered level of consciousness</p>	<p>Resident’s level of consciousness is described as different from baseline (e.g., hyper alert, sleepy, drowsy, difficult to arouse, nonresponsive).</p>