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

Suspected Urinary Tract Infection

NO indwelling catheter:
- Acute dysuria
or
- Fever (>37.9°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°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°C [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
  - Redness
  - Tenderness
  - Warmth
  - New or increasing swelling

Suspected Lower Respiratory Tract Infection

- Fever >38.9°C [102°F]
and at least one of the following:
  - Respiratory rate >25
  - Productive cough
or
- Fever (>37.9°C [100°F] or a 1.5°C [2.4°F] increase above baseline temperature, but ≤38.9°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°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°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.

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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