

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

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



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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.