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

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.

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:
  • 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

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