

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

Suspected Urinary Infection

- NO indwelling catheter
need either:
 - Acute dysuria
or
 - Fever >38.9°C (102°F)
and at least one of the following:
 - Urgency
 - Frequency
 - Suprapubic pain
 - Hematuria
 - Costovertebral tenderness
 - New onset urinary incontinence
- WITH indwelling catheter
need at least one of the following:
 - Fever >38.9°C (102°F)
 - New costovertebral tenderness
 - Rigors
 - New onset of delirium

Suspected Skin and Soft-tissue Infection

- New or increasing purulent drainage at wound, skin, or soft-tissue site
or
- *At least two* of the following:
 - Fever >38.9°C (102°F)
 - Redness
 - Tenderness
 - Warmth
 - New or increasing swelling

Suspected Respiratory 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) *and* cough
and at least one of the following:
 - Pulse > 100
 - Delirium
 - Rigors
 - Respiratory rate > 25
- or*
- COPD history *and* purulent cough
- or*
- New purulent cough
and at least one of the following:
 - Respiratory rate > 25
 - Delirium
- or*
- New infiltrate on chest x-ray
and at least one of the following:
 - Respiratory rate > 25
 - Productive cough
 - Fever >37.9° C (100° F)

For patients who have fever, cough, and at least one of pulse >100, worsening mental status, or rigors, a chest x-ray is recommended.

Fever with Unknown Focus of Infection

- Fever >37.9° (100° F)
and at least one of the following:
 - New delirium
 - Rigors