

# Healthcare-associated Infections (HAI) in Long-Term Care Facilities (LTCF)

## Suggested Definitions of Infections for Surveillance Purposes

Date of Onset of Symptoms: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Date of Initial Admission: \_\_\_\_\_

Date of Previous Admission: \_\_\_\_\_

Site of Infection	Type of Infection	Criteria for infection	Comments
<input type="checkbox"/> <b>Respiratory</b> Check all applicable symptoms	<input type="checkbox"/> <b>Common Cold</b> No viral/bacterial cultures needed unless outbreak suspected	At least 2 new symptoms: <input type="checkbox"/> runny nose or sneezing <input type="checkbox"/> nasal congestion <input type="checkbox"/> sore throat, hoarseness <input type="checkbox"/> dry cough	Fever may or may not be present. Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check all applicable symptoms	<input type="checkbox"/> <b>Influenza-like illness (ILI)</b> Viral testing suggested if 2 or more residents have onset of similar symptoms within 24-72 hours  Viral test obtained: Date:  Results:	Any 3 of the following new symptoms: <input type="checkbox"/> chills <input type="checkbox"/> headache (eye pain) <input type="checkbox"/> muscle ache <input type="checkbox"/> malaise <input type="checkbox"/> loss of appetite <input type="checkbox"/> sore throat <input type="checkbox"/> cough dry or productive <input type="checkbox"/> altered mental/functional status	Fever may or may not be present. Did resident receive annual influenza vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date:  Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check all applicable symptoms  <b>NOTE:</b> Rule out CHF or exacerbation of chronic diseases such as COPD.	<input type="checkbox"/> <b>Pneumonia</b>  <input type="checkbox"/> <b>Bronchitis</b>  Sputum culture obtained: Date:  Results:  Resistance pattern:	<u>Pneumonia</u> CXR suggestive of new infiltrate and any 2 of the following new or increased symptoms <input type="checkbox"/> cough <input type="checkbox"/> new or increased sputum <input type="checkbox"/> pleuritic chest pain <input type="checkbox"/> rales/rhonchi/wheezing <input type="checkbox"/> short of breath <input type="checkbox"/> respiratory rate > 25/min <input type="checkbox"/> altered mental/functional status  <u>Bronchitis</u> CXR negative or not done and any 3 new symptoms listed under pneumonia	Fever may or may not be present. Did resident receive pneumococcal vaccination on admission or documented history of vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date:  Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Urinary Tract</b>  Check all applicable symptoms  <b>NOTE:</b> Repeat culture after completion of antibiotic therapy is not necessary.	<input type="checkbox"/> <b>Lower tract infection</b>  <input type="checkbox"/> <b>Upper tract (kidney) infection</b>  *Culture obtained: Date:  Results:  Resistance pattern:  *Must be clean catch or cath urine specimen	Any 3 of the following new symptoms: <u>No indwelling catheter</u>  <input type="checkbox"/> burning or painful urination <input type="checkbox"/> chills <input type="checkbox"/> urgency/frequency <input type="checkbox"/> flank/suprapubic tenderness <input type="checkbox"/> altered mental/functional status  <u>Indwelling catheter</u> Any 2 new symptoms listed under no indwelling catheter.	Fever may or may not be present. Did resident have indwelling urinary or suprapubic catheter? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, can catheter be discontinued? <input type="checkbox"/> Yes <input type="checkbox"/> No  Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>NOTE: A change in character of urine (color, foul smell, amount of sediment) may be indication of dehydration. Increase fluid intake for 2-4 hours before obtaining specimen for laboratory analysis</b>

<input type="checkbox"/> <b>Gastro-enteritis</b>  Check all applicable symptoms  <b>NOTE:</b> Rule out non-infectious causes such as new medications.	<input type="checkbox"/> Lower GI tract <input type="checkbox"/> Upper GI tract  Cultured obtained: Date:  Results:  Resistance pattern:  C. difficile toxin assay or other test? Date:  Results:	Any of the following: <input type="checkbox"/> 2 or more loose or watery stools above what is normal for resident in 24 hour period and/or <input type="checkbox"/> 2 or more episodes of vomiting within 24 hour period and/or <input type="checkbox"/> stool positive for bacterial/viral/toxin	Fever may or may not be present. Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Skin/soft tissue wound</b>  Check all applicable symptoms  <b>NOTE:</b> Skin scrapings should be done on index or suspect case.  <input type="checkbox"/> Yes <input type="checkbox"/> No Results:	<input type="checkbox"/> <b>Surgical wound</b>  <input type="checkbox"/> <b>Pressure ulcer</b>  <input type="checkbox"/> <b>Other skin and soft tissue wound</b>  Culture obtained: Date:  Results:  Resistance pattern:	Skin and soft tissue or surgical wound and any of the following:  <input type="checkbox"/> heat/redness at site <input type="checkbox"/> swelling/tenderness at site <input type="checkbox"/> new or increase serous drainage <input type="checkbox"/> new or increase purulent drainage <input type="checkbox"/> alter mental/functional status <input type="checkbox"/> incision and drainage (I&D) yields purulent drainage	Fever may or may not be present. Surgery performed in past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date:  Procedure:  <b>NOTE:</b> Infected surgical wounds should be reported to hospital ICP where surgery performed.  Hospital ICP notified? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date:  Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>EENT</b>	<b>Conjunctivitis</b> Culture obtained: Date:  Results:  Resistance Pattern:	1 of the following new symptoms: <input type="checkbox"/> pus from 1 or both eyes for 24 hours <input type="checkbox"/> conjunctival redness with or without pain or itching	Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Systemic (Blood) stream infection)</b>  Check all applicable symptoms	<input type="checkbox"/> <b>Invasive device related infection</b>  <input type="checkbox"/> <b>No device related infection</b>  Blood culture obtained:  Date:  Results:  Resistance pattern:	1 of the following: <input type="checkbox"/> 2 sets of blood cultures taken from different sites at least 15 minutes apart are positive for the same organism; or <input type="checkbox"/> 1 of 2 sets of blood cultures taken from different sites are positive for an organism(s) (not considered contaminated specimen) and any 2 of the following: <input type="checkbox"/> blood pressure < 80 systolic <input type="checkbox"/> pulse > 100/minute <input type="checkbox"/> respirations > 25/minute <input type="checkbox"/> chills <input type="checkbox"/> alter mental/functional status <input type="checkbox"/> Other	Fever or hypothermia may or may not be present. Treatment/antibiotic(s) prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No  Risk factors to consider in diagnosing blood stream infections; presence of <input type="checkbox"/> central/peripheral vascular access device <input type="checkbox"/> indwelling urinary catheter <input type="checkbox"/> mechanical ventilation with tracheostomy <input type="checkbox"/> prosthesis (hip, knee) <input type="checkbox"/> recent surgical procedure

Healthcare-associated – not present or incubating at time of or within 3 days after admission; new onset or worsening of symptoms; Community-associated – acquired at home or another facility (GACH or transfer from another SNF) Reference: McGeer A, Campbell B, Emori G, et al. *Definitions of Infection for Surveillance in Long-Term Care Facilities*, Am J Infect Control 19(1): 1-7, 1991. Also available on the Internet; Definitions modified by C. Cahill.