

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

## Suspected Urinary Infection

- NO indwelling catheter  
*need either:*
  - Acute dysuria  
*or*
  - Fever  $>38.9^{\circ}\text{C}$  ( $102^{\circ}\text{F}$ )  
*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  $>38.9^{\circ}\text{C}$  ( $102^{\circ}\text{F}$ )
  - 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  $>38.9^{\circ}\text{C}$  ( $102^{\circ}\text{F}$ )
  - Redness
  - Tenderness
  - Warmth
  - New or increasing swelling

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## Suspected Respiratory Infection

- Fever  $>38.9^{\circ}\text{C}$  ( $102^{\circ}\text{F}$ )  
*and at least one* of the following:
  - Respiratory rate  $> 25$
  - Productive cough
- or*
- Fever  $>37.9^{\circ}\text{C}$  ( $100^{\circ}\text{F}$ ) *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  $>37.9^{\circ}\text{C}$  ( $100^{\circ}\text{F}$ )

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  $>37.9^{\circ}$  ( $100^{\circ}\text{F}$ )  
*and at least one* of the following:
  - New delirium
  - Rigors

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.