

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

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.

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