

LTC Gastrointestinal (GI) Tract Infection Worksheet

(McGeer Criteria 2012)

Type of Infection:

Resident Name	MR#	Date of Admission	Resident Location (hall/room #)
Relevant findings (date of + toxin, date of stool culture, organism(s), vital signs, etc.)		Date of ONSET of S&S	<input type="checkbox"/> ≤ 2 calendar days = Community Acquired <input type="checkbox"/> > 2 calendar days after admit = Facility Acquired
Date of Infection		Person completing form	

Type of Infection	Signs and Symptoms	Comments
<input type="checkbox"/> <i>C. difficile</i>	<p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24-hour period <input type="checkbox"/> Presence of toxic megacolon (abnormal dilation of the large bowel, documented radiologically) <p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stool sample yields a positive laboratory test result for <i>C. difficile</i> toxin A or B, or a toxin-producing <i>C. difficile</i> organism is identified from a stool sample culture or by a molecular diagnostic test such as Polymerase Chain Reaction (PCR) <input type="checkbox"/> Pseudomembranous colitis is identified during endoscopic examination or surgery or in histopathologic examination of a biopsy specimen 	<p>A “primary episode” of <i>C. difficile</i> infection is defined as one that has occurred without any previous history of <i>C. difficile</i> infection or that has occurred >8 weeks after the onset of a previous episode of <i>C. difficile</i> infection.</p> <p>A “recurrent episode” of <i>C. difficile</i> infection is defined as an episode that occurs 8 weeks or sooner after the onset of a previous episode, provided that the symptoms from the earlier (previous) episode have resolved. Individuals previously infected with <i>C. difficile</i> may continue to remain colonized even after symptoms resolve. In the setting of an outbreak of GI infection, individuals could have positive test results for <i>C. difficile</i> toxin because of ongoing colonization and also be co-infected with another pathogen. It is important that other surveillance criteria be used to differentiate infections in this situation.</p>

<input type="checkbox"/> Gastro-enteritis	<p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24-hour period <input type="checkbox"/> Vomiting: 2 or more episodes in a 24-hour period <input type="checkbox"/> Both of the following: <ul style="list-style-type: none"> ○ Stool specimen testing positive for a pathogen (e.g., <i>Salmonella</i>, <i>Shigella</i>, <i>Escherichia coli</i> O157:H7, <i>Campylobacter</i> species, rotavirus) ○ At least 1 of the following: <ul style="list-style-type: none"> ▪ Nausea ▪ Vomiting ▪ Abdominal pain or tenderness ▪ Diarrhea 	<p>Care must be taken to exclude noninfectious causes of symptoms. For instance, new medications may cause diarrhea, nausea, or vomiting; initiation of new enteral feeding may be associated with diarrhea; and nausea or vomiting may be associated with gallbladder disease. Presence of new GI symptoms in a single resident may prompt enhanced surveillance for additional cases. In the presence of an outbreak, stool specimens should be sent to confirm the presence of norovirus or other pathogens (e.g., rotavirus or <i>E. coli</i> O157:H7)</p>
<input type="checkbox"/> Norovirus	<p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24-hour period <input type="checkbox"/> Vomiting: 2 or more episodes in a 24-hour period <p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stool specimen for which norovirus is positively detected by electron microscopy, enzyme immunoassay, or molecular diagnostic testing such as Polymerase Chain Reaction (PCR) 	<p>In the absence of laboratory confirmation, an outbreak (2 or more cases occurring in a long-term care facility [LTCF]) of acute gastroenteritis due to norovirus infection may be assumed to be present if all of the following criteria are present (“Kaplan Criteria”):</p> <ul style="list-style-type: none"> (a) vomiting in more than half of affected persons; (b) mean (or median) incubation period of 24–48 h; (c) a mean (or median) duration of illness of 12–60 h; and d) no bacterial pathogen is identified in stool culture.