

**LTC Respiratory Tract Infection Worksheet**  
(McGeer Criteria 2012)

*Type of Infection:*

Resident Name	MR#	Date of Admission	Resident Location (hall/room #)
Relevant findings (culture date/organism(s), chest x-ray, blood work, 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
<input type="checkbox"/> MDRO?			
Date of Infection		Person completing form	

Type of Infection	Signs and Symptoms	Comments
<input type="checkbox"/> Common cold syndrome or pharyngitis	<p>___ <b>MUST HAVE at least 2 of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Runny nose or sneezing</li> <li><input type="checkbox"/> Stuffy nose (i.e., congestion)</li> <li><input type="checkbox"/> Sore throat or hoarseness or difficulty swallowing</li> <li><input type="checkbox"/> Dry cough</li> <li><input type="checkbox"/> Swollen or tender glands in neck (cervical lymphadenopathy)</li> </ul>	Fever may or may not be present. Symptoms must be new and not attributable to allergies.
<input type="checkbox"/> Influenza – like Illness (ILI)	<p>___ <b>MUST HAVE fever*</b></p> <p>___ <b>MUST HAVE at least 3 of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chills</li> <li><input type="checkbox"/> New headache or eye pain</li> <li><input type="checkbox"/> Myalgias or body aches</li> <li><input type="checkbox"/> Malaise or loss of appetite</li> <li><input type="checkbox"/> Sore throat</li> <li><input type="checkbox"/> New or increased dry cough</li> </ul>	If criteria for influenza-like illness and another upper or lower respiratory tract infection (RTI) are met at the same time, <b>ONLY</b> the diagnosis of influenza-like illness should be recorded. Because of increasing uncertainty surrounding the timing of the start of influenza season, the peak of influenza activity, and the length of the season, “seasonality” is no longer a criterion to define influenza-like illness.

<input type="checkbox"/> <b>Pneumonia</b>	<p>___ <b>MUST HAVE interpretation of a chest radiograph as demonstrating pneumonia or presence of a new infiltrate</b></p> <p>___ <b>MUST HAVE at least 1 of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New or increased cough</li> <li><input type="checkbox"/> New or increased sputum production</li> <li><input type="checkbox"/> O<sub>2</sub> saturation &lt; 94% on room air or a reduction in O<sub>2</sub> saturation of &gt; 3% from baseline</li> <li><input type="checkbox"/> New or changed lung examination abnormalities</li> <li><input type="checkbox"/> Pleuritic chest pain</li> <li><input type="checkbox"/> Respiratory rate ≥ 25 breaths/min</li> </ul> <p>___ <b>MUST HAVE at least 1 of the constitutional criteria (Refer to Appendix):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever*</li> <li><input type="checkbox"/> Leukocytosis*</li> <li><input type="checkbox"/> Acute change in mental status from baseline*</li> <li><input type="checkbox"/> Acute functional decline*</li> </ul>	<p>For both pneumonia and lower respiratory tract infection (RTI), the presence of underlying conditions that could mimic the presentation of a RTI (e.g., congestive heart failure or interstitial lung diseases) should be excluded by a review of clinical records and an assessment of presenting symptoms and signs.</p>
<input type="checkbox"/> <b>Lower respiratory tract (bronchitis or tracheo-bronchitis)</b>	<p>___ <b>MUST HAVE chest radiograph not performed OR negative results for pneumonia or new infiltrate</b></p> <p>___ <b>MUST HAVE at least 2 of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New or increased cough</li> <li><input type="checkbox"/> New or increased sputum production</li> <li><input type="checkbox"/> O<sub>2</sub> saturation &lt; 94% on room air or a reduction in O<sub>2</sub> saturation of &gt; 3% from baseline</li> <li><input type="checkbox"/> New or changed lung examination abnormalities</li> <li><input type="checkbox"/> Pleuritic chest pain</li> <li><input type="checkbox"/> Respiratory rate ≥ 25 breaths/min</li> </ul> <p>___ <b>MUST HAVE at least 1 of the constitutional criteria (Refer to Appendix):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever*</li> <li><input type="checkbox"/> Leukocytosis*</li> <li><input type="checkbox"/> Acute change in mental status from baseline*</li> <li><input type="checkbox"/> Acute functional decline*</li> </ul>	

## Appendix

### 3 important conditions that should be MET when applying surveillance definitions

- All symptoms must be **NEW** or acutely **WORSE**
- Alternative noninfectious causes of signs and symptoms (e.g., dehydration, medications) should be evaluated
- Identification of infection should **NOT** be based on one single piece of evidence but should always consider both clinical and microbiologic/radiologic findings
  - Microbiologic and radiologic findings should **NOT** be the sole criteria
  - Diagnosis by a physician alone is **NOT** sufficient for a surveillance definition of infection and must include compatible signs and symptoms

### Definitions for Constitutional Criteria in Residents of Long-Term Care Facilities (LTCFs)\*

Fever	Leukocytosis	Acute change in mental status from baseline	Acute functional decline
<ul style="list-style-type: none"> <li>• Single oral temperature &gt;37.8°C (&gt;100°F) <b>OR</b></li> <li>• Repeated oral temperatures &gt;37.2°C (99°F) or rectal temperatures &gt;37.5°C (99.5°F) <b>OR</b></li> <li>• Single temperature &gt;1.1°C (2°F) over baseline from any site (oral, tympanic, axillary)</li> </ul>	<ul style="list-style-type: none"> <li>• Neutrophilia (&gt;14,000 leukocytes/mm<sup>3</sup>) <b>OR</b></li> <li>• Left shift (&gt;6% bands or ≥1,500 bands/mm<sup>3</sup>)</li> </ul>	<p style="text-align: center;"><b><u>ALL</u> criteria must be present (See Table 1 below)</b></p> <ul style="list-style-type: none"> <li>• Acute onset</li> <li>• Fluctuating course</li> <li>• Inattention</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <ul style="list-style-type: none"> <li>• Either disorganized thinking or altered level of consciousness</li> </ul>	<p>A new 3-point increase in total activities of daily living (ADL) score (range, 0 -28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence)</p> <ul style="list-style-type: none"> <li>• Bed mobility</li> <li>• Transfer</li> <li>• Locomotion within LTCF</li> <li>• Dressing</li> <li>• Toilet use</li> <li>• Personal hygiene</li> <li>• Eating</li> </ul>

Table 1

<b>Acute Onset</b>	Evidence of acute change in resident's mental status from baseline
<b>Fluctuating</b>	Behavior fluctuating (e.g., coming and going or changing in severity during the assessment)
<b>Inattention</b>	Resident has difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted)
<b>Disorganized thinking</b>	Resident's thinking is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)
<b>Altered level of consciousness</b>	Resident's level of consciousness is described as different from baseline (e.g., hyperalert, sleepy, drowsy, difficult to arouse, nonresponsive)