**LTC Skin, Soft Tissue, and Mucosal Infection Worksheet**

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***Type of Infection:***

***(McGeer Criteria 2012)***

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| **Resident Name** | **MR#** | **Date of Admission** | **Resident Location (hall/room #)** |
| **Relevant findings (source, culture date, organism(s), vital signs, etc.)**   * **MDRO?** | | **Date of ONSET of S&S** | * **< 2 calendar days = Community Acquired** * **> 2 calendar days after admit = Facility Acquired** |
| **Date of Infection** | | **Person completing form** | |

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| **Type of Infection** | **Signs and Symptoms** | **Comments** |
| * **Cellulitis, soft tissue, or wound** | **MUST HAVE at least 1 of the following:**  Pus present at a wound, skin, or soft tissue site  New or increasing presence of at least 4 of the following:   * Heat at the affected site * Redness at the affected site * Swelling at the affected site * Tenderness or pain at the affected site * Serous drainage at the affected site * One constitutional criterion (Refer to Appendix):   + Fever\*   + Leukocytosis\*   + Acute change in mental status from baseline\*   + Acute functional decline\* | Presence of organisms cultured from the surface (e.g., superficial swab sample) of a wound is **NOT** sufficient evidence that the wound is infected. **More than 1 resident with streptococcal skin infection from the same serogroup (e.g., A, B, C, G) in a long-term care facility may indicate an outbreak.** |
| * **Conjunctivitis** | **MUST HAVE at least 1 of the following:**   * Pus appearing from 1 or both eyes, present for at least 24 hours * New or increased conjunctival erythema, with or without itching * New or increased conjunctival pain, present for at least 24 hours | Conjunctivitis symptoms (“pink eye”) should not be due to allergic reaction or trauma. |

*Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria.*

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| **Type of Infection** | **Signs and Symptoms** | **Comments** |
| * **Scabies** | **MUST HAVE a maculopapular and/or itching rash**  **MUST HAVE at least 1 of the following:**   * Physician diagnosis * Laboratory confirmation (scraping or biopsy) * Epidemiologic linkage to a case of scabies with laboratory confirmation | An epidemiologic linkage to a case can be considered if there is evidence of geographic proximity in the facility, temporal relationship to the onset of symptoms, or evidence of common source of exposure (i.e., shared caregiver). Care must be taken to rule out rashes due to skin irritation, allergic reactions, eczema, and other noninfectious skin conditions. |
| * **Fungal oral or perioral and skin** | **Oral candidiasis**  **MUST HAVE presence of raised white patches on inflamed mucosa or plaques on oral mucosa**  **MUST HAVE diagnosis by a medical or dental provider** | Mucocutaneous *Candida* infections are usually due to underlying clinical conditions such as poorly controlled diabetes or severe immunosuppression. **Although they are not transmissible infections in the healthcare setting, they can be a marker for increased antibiotic exposure.**  Dermatophytes haven been known to cause occasional infections and rare outbreaks in the LTCF setting. |
| **Fungal skin infection**  **MUST HAVE characteristic rash or lesions**  **MUST HAVE either a diagnosis by a medical provider or laboratory- confirmed fungal pathogen from a scraping or a medical biopsy** |
| * **Herpes virus skin** | **Herpes simplex infection**  **MUST HAVE a vesicular rash**  **MUST HAVE either physician diagnosis or laboratory confirmation** | Reactivation of herpes simplex (“cold sores”) or herpes zoster (“shingles”) is not considered a healthcare-associated infection. Primary herpes virus skin infections are very uncommon in a LTCF except in pediatric populations, where it should be considered healthcare associated. |
| **Herpes zoster infection**  **MUST HAVE a vesicular rash**  **MUST HAVE either physician diagnosis or laboratory confirmation** |
| ***For wound infections related to surgical procedures, LTCFs should use the CDC NHSN Surgical Site Infection (SSI) criteria and report these infections back to the institution where the original surgery was performed.***  <https://www.cdc.gov/nhsn/training/course-catalog/index.html> | | |

***Appendix***

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| **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 |

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| **Definitions for Constitutional Criteria in Residents of Long-Term Care Facilities (LTCFs)\*** | | | |
| **Fever** | **Leukocytosis** | **Acute change in mental status from baseline** | **Acute functional decline** |
| * Single oral temperature >37.8°C (>100°F) ***OR*** * Repeated oral temperatures >37.2°C (99°F) or rectal temperatures   >37.5°C (99.5°F) ***OR***   * Single temperature >1.1°C (2°F) over baseline from any site (oral, tympanic, axillary) | * Neutrophilia (>14,000 leukocytes/mm3) ***OR*** * Left shift (>6% bands or >1,500 bands/mm3) | **ALL criteria must be present (See Table 1 below)**   * Acute onset * Fluctuating course * Inattention   **AND**   * Either disorganized thinking or altered level of consciousness | 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)   * Bed mobility * Transfer * Locomotion within LTCF * Dressing * Toilet use * Personal hygiene * Eating |

*Table 1*

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