

LTC Skin, Soft Tissue, and Mucosal Infection Worksheet
(McGeer Criteria 2012)

Type of Infection:

| | | | |
|--|-----|------------------------|---|
| Resident Name | MR# | Date of Admission | Resident Location (hall/room #) |
| Relevant findings (source, culture date, organism(s), vital signs, etc.) <input type="checkbox"/> MDRO? | | 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"/> Cellulitis, soft tissue, or wound | <p>___ MUST HAVE at least 1 of the following:</p> <p>___ Pus present at a wound, skin, or soft tissue site</p> <p>___ New or increasing presence of at least 4 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heat at the affected site <input type="checkbox"/> Redness at the affected site <input type="checkbox"/> Swelling at the affected site <input type="checkbox"/> Tenderness or pain at the affected site <input type="checkbox"/> Serous drainage at the affected site <input type="checkbox"/> One constitutional criterion (Refer to Appendix): <ul style="list-style-type: none"> ○ Fever* ○ Leukocytosis* ○ Acute change in mental status from baseline* ○ Acute functional decline* | <p>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.</p> |
| <input type="checkbox"/> Conjunctivitis | <p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pus appearing from 1 or both eyes, present for at least 24 hours <input type="checkbox"/> New or increased conjunctival erythema, with or without itching <input type="checkbox"/> New or increased conjunctival pain, present for at least 24 hours | <p>Conjunctivitis symptoms (“pink eye”) should not be due to allergic reaction or trauma.</p> |

| Type of Infection | Signs and Symptoms | Comments |
|---|--|---|
| <input type="checkbox"/> Scabies | <p>___ MUST HAVE a maculopapular and/or itching rash</p> <p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physician diagnosis <input type="checkbox"/> Laboratory confirmation (scraping or biopsy) <input type="checkbox"/> Epidemiologic linkage to a case of scabies with laboratory confirmation | <p>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.</p> |
| <input type="checkbox"/> Fungal oral or perioral and skin | <p><u>Oral candidiasis</u></p> <p>___ MUST HAVE presence of raised white patches on inflamed mucosa or plaques on oral mucosa</p> <p>___ MUST HAVE diagnosis by a medical or dental provider</p> <hr/> <p><u>Fungal skin infection</u></p> <p>___ MUST HAVE characteristic rash or lesions</p> <p>___ MUST HAVE either a diagnosis by a medical provider or laboratory-confirmed fungal pathogen from a scraping or a medical biopsy</p> | <p>Mucocutaneous <i>Candida</i> 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.</p> <p>Dermatophytes have been known to cause occasional infections and rare outbreaks in the LTCF setting.</p> |
| <input type="checkbox"/> Herpes virus skin | <p><u>Herpes simplex infection</u></p> <p>___ MUST HAVE a vesicular rash</p> <p>___ MUST HAVE either physician diagnosis or laboratory confirmation</p> <hr/> <p><u>Herpes zoster infection</u></p> <p>___ MUST HAVE a vesicular rash</p> <p>___ MUST HAVE either physician diagnosis or laboratory confirmation</p> | <p>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.</p> |
| <p><i>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.</i></p> <p style="text-align: center;">https://www.cdc.gov/nhsn/training/course-catalog/index.html</p> | | |

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"> • 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) | <ul style="list-style-type: none"> • Neutrophilia (>14,000 leukocytes/mm³) OR • Left shift (>6% bands or ≥1,500 bands/mm³) | <p style="text-align: center;"><u>ALL</u> criteria must be present (See Table 1 below)</p> <ul style="list-style-type: none"> • Acute onset • Fluctuating course • Inattention <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Either disorganized thinking or altered level of consciousness | <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"> • Bed mobility • Transfer • Locomotion within LTCF • Dressing • Toilet use • Personal hygiene • Eating |

Table 1

| | |
|---------------------------------------|--|
| 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) |