

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

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

*Source: Loeb et al. Development of Minimum Criteria for the Initiation of Antibiotics in Residents of Long-Term Care Facilities: Results of a Consensus Conference. *Inf Control Hosp Epi.* 2001