

PCF Infection Prevention & Control Monitor

Complete this form and contact IP if a resident is suspected of having any of the following infections. **Be sure to document signs and symptoms in the medical record.**

addressograph

TEMP: _____; BP: _____; R/R: _____; PULSE: _____; PULSE OX: _____

Respiratory Tract Infection

Common Cold or Pharyngitis

- ☐ Runny nose or sneezing
- ☐ Sore throat or hoarseness or difficulty in swallowing
- ☐ Swollen or tender glands in the neck
- ☐ Stuffy nose (congestion)
- ☐ Dry cough

Influenza-Like Illness

- ☐ New headache or eye pain
- ☐ Loss of appetite
- ☐ New or increased dry cough
- ☐ Chills
- ☐ Body aches
- ☐ Sore throat

Pneumonia/Lower Respiratory Tract Infection

- ☐ New or increase cough
- ☐ Oxygen Sat _____%
- ☐ Pleuritic chest pain
- ☐ Acute change in mental status from baseline (presence of new changes in behavior, new difficulty focusing attention, and new confused or disorganized thinking, or altered level of consciousness (e.g., more sleepy) from baseline).
- ☐ New or increased sputum production
- ☐ New or changed lung exam abnormalities
- ☐ Respiratory rate of ≥ 25 breaths/min

UTI

Urinary catheter specimens for culture should be collected following replacement of the catheter (if the current catheter has been in place for >14 days).

Resident Without an Indwelling Catheter

- ☐ Acute dysuria or acute pain, swelling, or tenderness of the testes, epididymis, or prostate
- ☐ Fever or leukocytosis
- ☐ Suprapubic pain
- ☐ New or marked increased in incontinence
- ☐ New or marked increase in frequency
- ☐ Acute costovertebral angle pain or tenderness
- ☐ Gross hematuria
- ☐ New or marked increased in urgency
- ☐ Culture sent ☐ st. cath ☐ clean catch
- ☐ Results: _____

Resident With an Indwelling Catheter

- ☐ Fever, rigors, or new-onset hypotension, with no alternate site of infection
- ☐ Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis ($>14,000$ white blood cells/mm³)
- ☐ New onset suprapubic pain or costovertebral angle pain or tenderness
- ☐ Purulent drainage from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or Prostate
- ☐ Culture sent ☐ st. cath ☐ clean catch ☐ Results: _____

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Skin, Soft Tissue, and Mucosal Infections

Cellulitis

- ☐ Pus present at wound, skin, or soft tissue site
- ☐ Serious drainage at affected site
- ☐ Acute funct. change
- ☐ Heat
- ☐ Redness
- ☐ Swelling
- ☐ Tenderness or Red
- ☐ Fever
- ☐ Leukocytosis
- ☐ Altered Mental Status

Scabies

- ☐ A maculopapular and/or itching rash
- ☐ Epi linkage to a case with lab confirmation
- ☐ M.D. diagnosis or Lab confirmation

Fungal Oral or Perioral and Skin Infections

- ☐ Oral (raised white patches on inflamed mucosa or plaques on oral mucosa)
- ☐ Characteristic rash or lesions
- ☐ M.D. diagnosis or lab confirmation

Herpesvirus Skin Infections

- ☐ A vesicular rash
- ☐ M.D. diagnosis or Lab confirmation

Conjunctivitis

- ☐ Pus from 1 or 2 eyes, present for at least 24-hour
- ☐ New or increased conjunctival erythema, with or without itching
- ☐ New or increased conjunctival pain, present for at least 24-hour

Gastrointestinal Tract Infections

Gastroenteritis

- ☐ Diarrhea: 3 or more liquid or watery stools above what is normal within a 24-hour period.
- ☐ Vomiting: 2 or more episodes in a 24-hour period.
- ☐ Stool culture positive for a pathogen (Salmonella, Shigella, E.Coli 0157:H7, Campylobacter species, rotavirus) with 1 of the following: nausea, vomiting, abdominal pain/tenderness, or diarrhea

Norovirus Gastroenteritis

- ☐ Diarrhea: 3 or more liquid or watery stools above what is normal within a 24-hour period.
- ☐ Vomiting: 2 or more episodes in a 24-hour period.
- ☐ Lab confirmation norovirus

Clostridium Difficile Infection

- ☐ Diarrhea: 3 or more liquid or watery stools above what is normal within a 24-hour period.
- ☐ Presence of toxic mega colon (documented radiologically)
- ☐ Lab confirmation of C. difficile

Comments: _____

PERSON REPORTING: _____ **DATE/TIME:** _____

(Network\Infection Control\PCF Infection Prevention Monitor;hsf)