

INFECTION SURVEILLANCE – RESPIRATORY TRACT INFECTION

RESIDENT NAME _____ MEDICAL REC. # _____

UNIT _____ ROOM # _____

DATE INFECTION WAS NOTED _____ ADMISSION DATE _____

◆ RESPIRATORY TRACT INFECTION (CHECK BOXES ONLY AFTER CRITERIA HAVE BEEN MET)

INFECTION/SITE	CRITERIA	CONDITIONS & COMMENTS
<input type="checkbox"/> Common Cold Syndrome	MUST HAVE at least 2 of the following: <input type="checkbox"/> runny nose or sneezing <input type="checkbox"/> stuffy nose (nasal congestion) <input type="checkbox"/> sore throat or hoarseness or difficulty swallowing <input type="checkbox"/> dry cough <input type="checkbox"/> swollen or tender glands in neck (cervical lymphadenopathy)	Fever (may or may not be present). Symptoms must be acute and not caused by allergy (seasonal or medication).
<input type="checkbox"/> Influenza-like Illness Did patient/resident receive influenza vaccine before or during this flu season? Circle one: Yes No	MUST HAVE <input type="checkbox"/> fever >100°F taken at any site MUST HAVE at least 3 of the following: <input type="checkbox"/> chills <input type="checkbox"/> Malaise or loss of appetite <input type="checkbox"/> headache or eye pain <input type="checkbox"/> sore throat <input type="checkbox"/> myalgias (muscle aches) <input type="checkbox"/> dry cough	This diagnosis can be made only during influenza season (November to April). During this season, if criteria for influenza-like illness and another upper- or lower-respiratory tract infection are met at the same time, only the diagnosis of influenza-like illness should be recorded.
<input type="checkbox"/> Pneumonia Chest x-ray result: Aspiration Pneumonia: Circle one: Yes No	MUST HAVE <input type="checkbox"/> chest x-ray demonstrating pneumonia, probable pneumonia or infiltrate MUST HAVE at least 2 of the following: <input type="checkbox"/> cough <input type="checkbox"/> fever >100°F <input type="checkbox"/> increased sputum production <input type="checkbox"/> pleuritic chest pain <input type="checkbox"/> rales, rhonchi, wheezes <input type="checkbox"/> one or more of: new shortness of breath, increased respiratory rate (>25/min.), worsening of mental or functional status.	Noninfectious causes of symptoms must be ruled out in particular, congestive heart failure is a common cause of symptoms and signs similar to those of respiratory infection. NOTE: This diagnosis can be made only if chest x-ray was done.
<input type="checkbox"/> Other Lower-Respiratory tract infections (bronchitis, trachbronchitis)	MUST HAVE at least 3 of the following: <input type="checkbox"/> cough <input type="checkbox"/> fever >100°F <input type="checkbox"/> new or increased sputum production <input type="checkbox"/> one or more of: new shortness of breath, increased respiratory rate (>25/min.), worsening of mental or functional status. <input type="checkbox"/> pleuritic chest pain <input type="checkbox"/> rales, rhonchi, wheezes on chest exam <input type="checkbox"/> organism isolated from culture obtained by deep tracheal aspirated or bronchoscopy	This diagnosis can be made only if no chest x-ray was done, or if an x-ray did not confirm the presence of pneumonia.

Antibiotics Ordered: Yes No

List Antibiotics Ordered:

Signature of person preparing this form: _____