	□ Urinary Tract Infection	☐ Soft-Tissue and Skin Infection			
S	Hello Dr, this is from  This patient with vital signs of What's new (new dx/meds):	I am calling about, their DOB is, (reason for calling),	Hello Dr, this is from This patient, their DOB is This patient (reason for calling), with <u>vita signs</u> of What's new (new dx/meds/dressing changes):		
В	□Indwelling catheter □ New/worse incontinence □Hx of UTIs □Antibiotic use within the past 2 weeks □Other Active Dx □POLST/abx/ER □Medication Allergies?		□ Hx Diabetes □ Hx of Skin Infections □ □ Current Wound Care Orders □ □ Antibiotic use within the past 2 weeks □ □ Other active diagnosis □ □ POLST/Abx/ER		
A	For residents WITHOUT Indwelling Catheters:  The criteria are met if one of the two situations are met:  Acute Dysuria OR  Fever (>37.9°C (100°F)) or a 1.5°C (2.4°F)) increase above baseline and at least one of the following (new/worsening):  Urgency Frequency Suprapubic Pain Gross hematuria Costovertebral Angle Tenderness (CVA Tenderness) Urinary Incontinence	For residents WITH indwelling Catheters:  The criteria are met to initiate antibiotics if one of the below are selected:  Fever of 100°F (38°C) or repeated Temps of 99°F (37°C) 2 times.  New back or flank pain  Acute pain  Rigors/shaking chills  New dramatic change in mental status  Hypotension (significant change from baseline BP or systolic BP <90)	<ul> <li>Medication Allergies</li></ul>		
	otic agent.  Nursing home protocol criteria are NOT met. The resident de	oes NOT need an immediate prescription for an	an immediate prescription for an antibiotic, but may need additional observation.		
R	<ul> <li>□ Order UA/Urine Culture</li> <li>□ Encourage increase fluid intake for days.</li> <li>□ Record fluid intake.</li> <li>□ Assess Vital Signs</li> <li>□ Notify Physician/NP/PA if symptoms worsen or if unrestantiate antibiotic(s), if protocol is met:</li> <li>□ Antibiotic 1 Dose</li> <li>Stop date Diagnosis</li> <li>Other</li> </ul>	solved in hours. Route Frequency	<ul> <li>□ Assess Vital signs</li> <li>□ On Warfarin (Coumadin)</li> <li>□ Check INR</li> <li>□ Notify Physician/NP/PA if symptoms worsen or if unresolved in hr</li> <li>□ For discomfort or prior to cleaning/dressing changes, consider using acetaminophen or other pain reliever as needed</li> <li>□ If antibiotic protocol are met, initiate antibiotic(s):</li> <li>□ Antibiotic 1 Dose Route Frequency</li> <li>Stop Date Diagnosis</li> <li>Other Diagnosis</li> </ul>		
	☐ Family was called? If so, who?		gress Note written     Tracking Log		

Form modified to two pages from: 1. Loeb M, Bentley DW, Bradley S, et al. Development of minimum criteria for the initiation of antibiotics in residents of long-term-care facilities: results of a consensus conference. Infect Control Hosp Epidemiol. 2001;22(2):120-4 2. 2. AHRQ. (2016). Determine whether it is necessary to treat a potential infection with antibiotics. Retrieved from https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/index.html

□ Respiratory fract infection						
their DOB is	this is This patient	I am calling about (reason for ca What's new ( <b>new dx/meds</b> ):	alling), with vital signs of	_from,		
B □ Current smoker □ Form □ Uses nebulizer/inhaler □ On supplemental O2 □ Reports of chest pain or difficul □ Antibiotic use within the past 2 □ Other active diagnoses (especia	□ O2 req  ty breathing		2 amount:			
☐ Nursing home protocol criteria	□ Fever (>37.9°C (100°F) or a 1.5° (2.5°F) increase above baseline temp, but <38.9°C (102°F))  And cough And at least one of the following: □ Pulse >100 □ Delirium □ Rigors □ Respiratory Rate >25 □ are met. The resident may have a resident may h	>65 years <u>and</u> new or increased cough with purulent sputum production	and new cough with pursputum production  And at least one of the fold Respiratory rate >25  Delirium  Description for an antibiotic of the pursput of the pu	thought to represent pneumonia  and at least one of the following:  Fever (>37.9°C (100°F) or a 1.5°C (2.4°F) increase above baseline Temp)  Respiratory Rate >25  OR  Productive cough		
☐ The Resident is on Warfarin (colored Record fluid intake ☐ For cough inhaler/nebulizer ☐ Raise upper body (use multiple ☐ Assess Vital signs ☐ Not ☐ Chest X-ray (if indicated) ☐ Initiate antibiotic(s), if antibiotic ☐ Antibiotic 1 Stop Date	pumadin)	taminophenmg. Route _	Duration day	ys		
Other  Family was called? If so, who	o?		ress Note written	Tracking Log		

☐ Pacairatory Tract Infaction

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