

Example 4.9 Palomar Health Long Term Care Infection Assessment

Nursing Facility					
Long Term Care Fever/Suspected Infection ASSESSMENT					
Licensed Nurse to complete prior to calling Physician for fever or suspected infection					
Date/Time:		Unit:		Rm:	
Attending Physician:			Date/time called:		
Current Isolation Status:					
Main Admitting Diagnosis (please list):					
Allergies:					
Vitals: (last 3)					
Date/Time	HR	RR	BP	O2 Sat	Temp
Immunosuppressed? (i.e. on steroids or post- chemo) Y or N					
Patient Status/symptoms -> Please check all that apply					
<b>Suspected Respiratory Infection</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of COPD or CHF (circle one)</li> <li><input type="checkbox"/> Ventilator/trach/tpiece or trach collar (circle one)</li> <li><input type="checkbox"/> Rigors (shaking chills)</li> <li><input type="checkbox"/> Cough, new or increased (circle one)</li> <li><input type="checkbox"/> Purulent sputum production, new or increased (circle one)</li> <li><input type="checkbox"/> RR &gt; 25 bpm</li> <li><input type="checkbox"/> Pleuritic chest pain</li> <li><input type="checkbox"/> O2 sat &lt;94% or decreased &gt;3 from baseline</li> <li><input type="checkbox"/> Acute change in mental status or functional decline</li> <li><input type="checkbox"/> Change in lung exam</li> </ul>			<b>Suspected UTI</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Catheter type: _____</li> <li><input type="checkbox"/> Acute dysuria</li> <li><input type="checkbox"/> Suprapubic pain</li> <li><input type="checkbox"/> Acute pain/swelling of testes/epididymis or prostate</li> <li><input type="checkbox"/> Gross hematuria</li> <li><input type="checkbox"/> Acute costovertebral angle tenderness or pain</li> <li><input type="checkbox"/> New or worsening urinary urgency</li> <li><input type="checkbox"/> New or worsening frequency</li> <li><input type="checkbox"/> New or worsening incontinence</li> <li><input type="checkbox"/> Rigors (shaking chills)</li> <li><input type="checkbox"/> Acute change in mental status/confusion or functional decline</li> <li><input type="checkbox"/> Purulent discharge from around catheter</li> </ul>		
<b>Suspected skin/soft tissue infection</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> New or increasing purulent at site</li> <li><input type="checkbox"/> New or increasing drainage at site</li> <li><input type="checkbox"/> Redness at site</li> <li><input type="checkbox"/> Tenderness at site</li> <li><input type="checkbox"/> Warmth at site</li> <li><input type="checkbox"/> Swelling that is new or increasing at wound or soft tissue site</li> </ul>			<b>Other</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> New onset of delirium</li> <li><input type="checkbox"/> Rigors (shaking chills)</li> <li><input type="checkbox"/> Diarrhea</li> <li><input type="checkbox"/> # of loose stools in past 24 hrs _____ (not associated with laxatives)</li> </ul>		
Licensed Nurse completing assignment: _____				Date: _____	
				Draft Pilot Form updated 8/2018	

For more information about this example contact Laura Elliott, PharmD BCGP at [Laura.Elliott@palomarhealth.org](mailto:Laura.Elliott@palomarhealth.org). Courtesy of John Engelbert, PharmD and Laura Weber, RN, MN FNP-BC

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