

Sharp Coronado Hospital Stone-modified McGeer Updated Criteria October 2012

Stone-modified McGeer Consensus Updated Criteria October 2012

1. All symptoms must be new or acutely worse. Many residents have chronic symptoms, such as cough or urinary urgency that are not associated with infection; however, a new symptom or a change from baseline may be an indication that an infection is developing.
2. Alternative non-infectious causes of signs and symptoms (eg, dehydration, medications) should generally be considered and evaluated before an event is deemed an infection.
3. Identification of infection should *not* be based on a single piece of evidence but should always consider the *clinical presentation* and any microbiologic or radiologic information that is available. Microbiologic and radiologic findings should not be the *sole* criteria for defining an event as an infection. Similarly, diagnosis by a physician alone is not sufficient for a surveillance definition of infection and must be accompanied by documentation of compatible signs and symptoms.
4. Studies have shown that residents with either probable or possible pneumonia were more likely to be somnolent and confused when compared with those with no pneumonia or those with CAP.
5. The structure of the new pneumonia and lower RTI definitions should facilitate surveillance by segregating criteria into 3 categories (radiography results, respiratory signs or symptoms, and constitutional criteria) and explicitly requiring the exclusion of alternative explanations for respiratory signs or symptoms such as congestive heart failure, atelectasis, and other non-infectious respiratory conditions.

6. Table 3.

Confusion Assessment Method Criteria

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|-----------------------|---|
| Acute onset | Evidence of acute change in resident's mental status from baseline |
| Fluctuating | Behavior fluctuating (eg, coming and going or changing in severity during the assessment) |
| Inattention | Resident has difficulty focusing attention (eg, unable to keep track of discussion or easily distracted) |
| Disorganized thinking | Resident's thinking is incoherent (eg, rambling conversation, unclear flow of ideas, unpredictable switches in subject) |
| Altered LOC | Resident's level of consciousness is described as different from baseline (eg, hyper-alert, sleepy, drowsy, difficult to arouse, nonresponsive) |

For more information about this example contact Bridget Olson, ASP/ID Pharmacist at Bridget.Olson@sharp.com

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