MARYLAND Department of Health

Long-term Care Facilities Revised McGeer Criteria for Urinary Tract Infection Surveillance Checklist

Type of Infection:

☐ Infection Evaluated ☐ Criteria Met

Resident Name	MR#	Date of Admission	Resident Location (hall/room#)
Relevant findings (date of stool culture, urine culture, radiography etc.)		Date of ONSET of S&S	☐ ≤ 2 calendar days = Community Acquired ☐ > 2 calendar days after admit = Facility Acquired
Date of Infection		Person completing form and date	

Table 1: Constitutional Criteria for Infection			
Fever	**Leukocytosis**	**Acute Mental Status Change**	**Acute Functional Decline**
Single oral temp > 100°F **OR** Repeated oral temp > 99°F **OR** Repeated rectal temp > 99.5°F **OR** Single temp > 2°F from baseline from any site	>14,000 WBC/mm^3 **OR** >6% band **OR** ≥15,00 bands/mm^3	Acute onset **AND** Fluctuating course **AND** Inattention **AND** Either disorganized thinking **OR** altered level of consciousness	3-point increase in baseline ADL score according to the following items: • Bed mobility • Transfer • Locomotion within LTCF • Dressing • Toilet use • Personal hygiene • Eating [Each scored from 0 (independent) to 4 (total dependence)]

Table 2: Other Term Definitions Required for McGeer Criteria	
Word	**Definition**
Acute Onset	Evidence of acute change in the mental status of the resident from baseline
Fluctuating	Behavior fluctuating (e.g., coming and going or changing in severity during the assessment)
Inattention	Resident has difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted)
Disorganized thinking	The thinking of the resident is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)
Altered level of consciousness	The level of consciousness of the resident is different from baseline (e.g., hyper-alert, sleepy, drowsy, difficult to arouse, nonresponsive)

Stone, N. D., Ashraf, M. S., & et al. (2012). Surveillance definitions of infections in long-term care facilities: Revisiting the McGeer criteria. *Infection Control Hospital Epidemiology 33*(10), 965-977.

Table 3: Urinary Tract Infection (UTI) Surveillance Definitions		
Syndrome	**Criteria**	**Comments**
If NO culture, STOP infection does not meet UTI surveillance definitions		
☐ **UTI without indwelling catheter**	Must fulfill both 1 AND 2 1. At least 1 of the following signs/symptoms ☐ Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate ☐ Fever or leukocytosis and ≥1 of the following: • Acute costovertebral angle pain or tenderness • Suprapubic pain • Gross hematuria • New or marked increase in incontinence • New or marked increase in urgency • New or marked increase in frequency ☐ If no fever or leukocytosis, then ≥2 or the following: • Suprapubic pain • Gross hematuria • New or marked increase in incontinence • New or marked increase in urgency • New or marked increase in frequency 2. At least 1 of the following microbiological criteria: ☐ $\geq 10^5$ cfu/mL of no more than 2 species of organisms in a voided urine sample ☐ $\geq 10^2$ cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter	UTI can be diagnosed without localizing symptoms if a blood isolate is the same as the organism isolated from urine and there is not alternate site of infection In the absence of a clear alternate source of infection, fever or rigors with a positive urine culture result in the non-catheterized resident or acute confusion in a catheterized resident will often be treated as UTI. However, evidence suggests that most of these episodes are likely not due to infection of a urinary source. Urine specimens for culture should be processed as soon as possible preferably within 1-2 hours If urine specimens cannot be processed within 30 minutes of collection, they should be refrigerated and used for culture within 24 hours

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☐ **UTI with indwelling catheter**	Must fulfill both 1 AND 2 1. At least 1 of the following signs/symptoms ☐ 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 ☐ New-onset suprapubic pain or costovertebral angle pain or tenderness ☐ Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate 2. Urinary catheter specimen culture with $\geq 10^5$ cfu/mL of any organism(s)	UTI can be diagnosed without localizing symptoms if a blood isolate is the same as the organism isolated from urine and there is not alternate site of infection In the absence of a clear alternate source of infection, fever or rigors with a positive urine culture result in the non-catheterized resident or acute confusion in a catheterized resident will often be treated as UTI. However, evidence suggests that most of these episodes are likely not due to infection of a urinary source. Recent catheter trauma, catheter obstruction, or new onset hematuria are useful localizing signs that are consistent with UTI but are not necessary for diagnosis Urinary catheter specimens for culture should be collected after replacement of the catheter if it has been in place >14 days
	☐ **UTI criteria met**	☐ **UTI criteria <u>NOT</u> met**

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