McGeer's Case Classification Worksheet For Acute Respiratory Illness in Long-Term Care Facilities (LTCFs) Patient Name Room Number Date of Onset								
McGeer's Case Classification (Circle on	e):	Ρ	L	L	U	None		
Completed By			Date _			 .		
Part I: Constitutional Criteria (Patient r change in mental status or acute functional			one of	the 4 n	najor crite	eria: fever,	leukocytosis, acute	
\Box <u>Fever</u> : (Patient should have at least one	of the	followin	g)	Г			1	
 Single oral temperature > 37.8 C Repeated oral temperature > 37.3 Single temperature 1.1 C⁰ (2 F⁰) 	2 C ⁰ (9	99 F ⁰) oi		temper	atures 37	7.5 C ⁰ (99		
\Box Leukocytosis: (Patient should have at least	ast one	e of the	followir	ng)				
 □ Neutrophilia (>14,000 leukocytes □ Left shift (>6% bands or ≥1,500 b 			OR			[WBC	
□ Acute change in mental status from bas	eline (ALL crit	eria mu	ıst be p	resent)			
 Acute onset Fluctuating course: coming and g Inattention: difficulty focusing attention Either disorganized thinking: incomparised thinking: incomparised	ention	C	•	Ĩ	Ū			
□ <u>Acute functional decline</u> (A new 3-point from baseline, based on the following 7 AD Fill in score for each)					-	• • •		
Bed mobility Transfer Dressing Toilet us					ithin LTC ene			
Part II Respiratory Symptoms (Subcriteri	i a): (<i>Pl</i>	lease m	ark all	that app	oly)			
 □ New or increased cough □ Pleuritic chest pain □ O2 saturation < 94% on room air □ New or changed lung examinatio □ New or increased sputum production □ Respiratory rate of ≥25 breaths/m 	n abno tion						seline	
Office of Epidemiology and Prevention Services Division of Infectious Disease Epidemiology 350 Capitol St., Room 125, Charleston, WV, 25301 Phone: (304) 558-5358; Fax: (304) 558-8736						Page 1 of 2 Updated May	2024	

McGeer's Case Classification Worksheet For Acute Respiratory Illness in Long-Term Care Facilities (LTCFs) Part III Case Classification (Ascertainment)								
Pneumonia (ALL 3 criteria must be present)								
 Chest radiograph interpretation as pneumonia At least 1 of the constitutional criteria (See page 1) At least 1 of the respiratory symptoms (See page 2) 	a new infiltrate CXR Date	Result						
Does the patient meet the criteria for pneumonia? (circle	e one) Yes	No						
(If yes \rightarrow stop and complete the appropriate case classification in page 1: " P ")								
Influenza-like illness (ILI) (Fever and at least 3 other subcriteria must be present)								
\Box At least 3 of the following influenza-like illness subcriteria								
 Fever Chills Myalgia or body aches Sore throat 	ed dry cough or eye pain of appetite							
Does the patient meet the criteria for ILI? (Circle one (If yes \rightarrow stop and complete the appropriate case classified)								
Lower respiratory tract infection (LRTI) (bronchitis or trac	heobronchitis); (Al	LL 3 must be pre	esent)					
 Chest radiograph not performed or negative res At least 1 of the constitutional criteria (See page At least 2 of the respiratory symptoms (See page 	e 1)	a or new infiltrate						
Does the patient meet the criteria for LRTI? (Circle on	e) Yes No							
(If yes \rightarrow stop and complete the appropriate case classification in page 1: "L")								
Upper Respiratory Tract Infection (URTI: Common Cold Syndrome or Pharyngitis:								
(At least 2 criteria must be present)								
 Runny nose or sneezing Stuffy nose (ie, congestion) Sore throat or hoarseness or difficulty in swallon Dry cough Swollen or tender glands in the neck (cervical 	-							
Does the patient meet the criteria for URTI? (circle one	e) Yes	No						
(If yes $ ightarrow$ stop and complete the appropriate case class	sification in page 1:	" U ")						
<i>(If no → circle "none" in page 1)</i> Office of Epidemiology and Prevention Services Division of Infectious Disease Epidemiology 350 Capitol St., Room 125, Charleston, WV, 25301 Phone: (304) 558-5358; Fax: (304) 558-8736		Page 1 of 2 Updated May 2	024					