## McGeer's Case Classification Worksheet For Acute Respiratory Illness in Long-Term Care Facilities (LTCFs)



Patient Name	Room Number		· 	Date of Onset			BUREAU FOR PUBLIC HEALTH
McGeer's Case Classification (Circle	one):	Р	1	L	U	None	
Completed By	<del>-</del>	• • • • • •	Date	•••••	•••••	••••••	•••••
Part I: Constitutional Criteria (Patie change in mental status or acute function			one of t	he 4 m	ajor crite	eria: fever, le	eukocytosis, acute
☐ <u>Fever</u> : ( <i>Patient should have at least c</i>	one of the	e followin	ng)				
☐ Single oral temperature > 37.8 ☐ Repeated oral temperature > 37.8 ☐ Single temperature 1.1 C <sup>0</sup> (2 I	37.2 C <sup>0</sup> ( F <sup>0</sup> ) over t	(99 F <sup>0</sup> ) o baseline	from any	y site (	atures 37	· · · · · · · · · · · · · · · · · · ·	5 F <sup>0</sup> )
☐ <u>Leukocytosis</u> : (Patient should have at	l least on	ie oi trie	ionowing	3)			
<ul><li>□ Neutrophilia (&gt;14,000 leukocy</li><li>□ Left shift (&gt;6% bands or ≥1,50</li></ul>	•		OR			V	WBC
☐ Acute change in mental status from t	<u>baseline</u>	(ALL crit	eria mus	st be pr	esent)		
<ul> <li>□ Acute onset</li> <li>□ Fluctuating course: coming an</li> <li>□ Inattention: difficulty focusing</li> <li>□ Either disorganized thinking: in</li> </ul>	attention			•			SS
☐ Acute functional decline (A new 3-po from baseline, based on the following 7 in Fill in score for each)					-	• ,	, ,
Bed mobility Transference Toilet			Locomot Persona				
Part II Respiratory Symptoms (Subcri	teria): (F	Please m	ark all th	at app	ly)		
<ul> <li>New or increased cough</li> <li>Pleuritic chest pain</li> <li>O2 saturation &lt; 94% on room</li> <li>New or changed lung examination</li> <li>New or increased sputum processed</li> <li>Respiratory rate of ≥25 breath</li> </ul>	ation abn duction						eline

## 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 or the presence of a new infiltrate ☐ At least 1 of the constitutional criteria (See page 1) **CXR Date** Result ☐ At least 1 of the respiratory symptoms (See page 1) Does the patient meet the criteria for pneumonia? (circle one) No (If yes 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) ☐ At least 3 of the following influenza-like illness subcriteria ☐ Fever ☐ New or increased dry cough ☐ Chills ☐ New headache or eye pain ☐ Myalgia or body aches ☐ Malaise or loss of appetite ☐ Sore throat Does the patient meet the criteria for ILI? (Circle one) Yes No (If yes □ stop and complete the appropriate case classification in page 1: "I") Lower respiratory tract infection (LRTI) (bronchitis or tracheobronchitis); (ALL 3 must be present) ☐ Chest radiograph not performed or negative results for pneumonia or new infiltrate ☐ At least 1 of the constitutional criteria (See page 1) ☐ At least 2 of the respiratory symptoms (See page 1) Does the patient meet the criteria for LRTI? (Circle one) Yes No (If yes□ 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 swallowing ☐ Dry cough ☐ Swollen or tender glands in the neck (cervical lymphadenopathy) Does the patient meet the criteria for URTI? (circle one) No (If yes□ stop and complete the appropriate case classification in page 1: "U")

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(If no□ circle "none" in page 1)