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

Patient Name _____ Room Number _____ Date of Onset_____

McGeer's Case Classification (Circle one): **P I L U None**

Completed By _____ Date _____

Part I: Constitutional Criteria *(Patient needs to meet one of the 4 major criteria: fever, leukocytosis, acute change in mental status or acute functional decline.)*

☐ Fever: (*Patient should have at least one of the following)*

Highest Temperature:_____

- ☐ Single oral temperature > 37.8 C° (>100 F^0) or
- ☐ Repeated oral temperature > 37.2 C^0 (99 F^0) or rectal temperatures 37.5 C^0 (99.5 F^0)
- ☐ Single temperature 1.1 C^0 (2 F^0) over baseline from any site (oral, tympanic, axillary)

☐ Leukocytosis: *(Patient should have at least one of the following)*

- ☐ Neutrophilia (>14,000 leukocytes (WBC)/mm3) OR **WBC _____**
- ☐ Left shift (>6% bands or ≥1,500 bands/mm3)

☐ Acute change in mental status from baseline *(ALL criteria must be present)*

- ☐ Acute onset
- ☐ Fluctuating course: coming and going or changing in severity during assessment
- ☐ Inattention: difficulty focusing attention
- ☐ Either disorganized thinking: incoherent thinking OR altered level of consciousness

☐ Acute functional decline *(A new 3-point increase in total activities of daily living (ADL) score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence. Fill in score for each)*

___ Bed mobility ___ Transfer ____ Locomotion within LTCF
___ Dressing ____ Toilet use _____ Personal hygiene ____Eating

Part II Respiratory Symptoms (Subcriteria): (*Please mark all that apply)*

- ☐ New or increased cough
- ☐ Pleuritic chest pain
- ☐ O2 saturation < 94% on room air or a reduction in O2 saturation of >3% from baseline
- ☐ New or changed lung examination abnormalities (Rales, Rhonchi, etc.)
- ☐ New or increased sputum production
- ☐ Respiratory rate of ≥25 breaths/min

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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)
☐ At least 1 of the respiratory symptoms (See page 1)

CXR Date	Result

Does the patient meet the criteria for pneumonia? (circle one) Yes 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)*

☐ Fever
☐ At least 3 of the following influenza-like illness subcriteria

☐ Chills
☐ New headache or eye pain
☐ Myalgias or body aches
☐ Malaise or loss of appetite
☐ Sore throat
☐ New or increased dry cough

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) Yes No
*(If yes → stop and complete the appropriate case classification in page 1: "**U**")*

If no → circle "none" in page 1)