## Loeb's Minimum Criteria for Initiating Antibiotic Therapy

Patient Name:	MRN:	Location:	
Date of Infection:	Date of Review:	Reviewed by:	
UTI: □ evaluated □ criteria met L	RTI:   evaluated   criteria met	SSTI: □ evaluated □ criteria met	FUO:   evaluated   criteria met
Suspected Infection Syndrome Minimum Criteria for Starting Antibiotic Therapy			
Urinary tract infection			
without catheter	Either one of the following criteria  □ Acute dysuria, OR  □ Temp >37.9 °C (100 °F) or 1.5 °C (2.4  ≥1 of the following new or worsenin  □ Urgency □ Suprapubic pain		
	□ Urinary incontinence	Costovertebral angle tenderness	
with catheter	At least one of the following criteria  Rigors  New onset delirium	□ Temp >37.9 °C (100 °F) or 1.5 °C (2.4 ° New costovertebral angle tenderness	°F) above baseline
<b>Note:</b> Residents with intermittent catheterization or condom catheter should be categorized as 'without catheter'  Urine culture should be sent prior to starting antibiotics  Antibiotics should not be started for cloudy or foul smelling urine			
Lower respiratory tract infection	loudy of Joursmening urme		
with temp >38.9 °C (102 °F)	At least one of the following criteria  ☐ Productive cough	□ Respiratory rate >25 breaths / minute	
with temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline	Both of the following criteria  Cough, AND At least one of the following criteria Pulse >100 beats / minutes Rigors	<ul><li>□ Delirium</li><li>□ Respiratory rate &gt;25 breaths / minute</li></ul>	
afebrile with COPD and >65 years old	Both of the following criteria  New or increased cough  Purulent sputum production		
afebrile without COPD	All of the following criteria  New cough Purulent sputum production At least one of the following criteria Delirium	□ Respiratory rate >25 breaths / minute	
with new infiltrate on chest X-ray consistent with pneumonia	At least one of the following criteria  Productive cough Respiratory rate >25 breaths / m	☐ Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °	PF) above baseline
Note: Consider ordering chest X-ray and CBC with differential for febrile residents with cough and any of these criteria (HR >100, worsening mental status, or rigors)  Antibiotics should not be used for up to 24 h after large-volume aspiration in those without COPD but with temp ≤38.9°C (102 °F) and non-productive cough			
Skin and soft-tissue infection	Either one of the following criteria  New or increasing purulent drainage  At least two of the following criteria Redness (erythema) Tenderness Warmth	P., OR  Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °C)  New or increasing swelling at affected	
<b>Note:</b> These criteria do not apply to residents with burns Surgical consultation and hospitalization are required for certain soft-tissue infections (e.g., necrotizing fasciitis or gas gangrene)			
Fever where the Focus of Infection is Unknown  Note: Antibiotic should not be started in res	Both of the following criteria  Temp >37.9 °C (100 °F) or 1.5 °C (2.4  At least one of the following criteria Rigors  idents with fever and altered mental status	4 °F) above baseline, AND  □ Delirium s that does not meet delirium criteria (e.g., rec	duced functional activities,
withdrawal, loss of appetite)			

Reference: Loeb M, et al. Infect Control Hosp Epidemiol 2001;22:120-4.

