

Appendix 1: Minimum criteria for initiation of antimicrobials for suspected urinary tract infection in nursing home residents with advanced dementia*

a. No indwelling Foley catheter

Acute dysuria OR fever (a single oral temperature of > 100°F [$> 37.8^{\circ}\text{C}$]; oral temperatures of > 99°F [$> 37.2^{\circ}\text{C}$], repeated ≥ 2 times; or increase in temperature of > 2°F [$> 1.1^{\circ}\text{C}$] over baseline temperature)

AND ≥ 1 of the following:

- new or worse frequency
- urgency
- costovertebral tenderness
- gross hematuria
- suprapubic pain
- mental status change†
- rigors†

b. Indwelling Foley catheter

≥ 1 of the following:

- fever (a single oral temperature of > 100°F [$> 37.8^{\circ}\text{C}$]; oral temperatures of > 99°F [$> 37.2^{\circ}\text{C}$], repeated ≥ 2 times; or an increase in temperature of > 2°F [$> 1.1^{\circ}\text{C}$] over baseline temperature)
- rigors†
- change in mental status†

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†The presence of a mental status change and rigors were added (by D'Agata and associates) to the minimum clinical criteria endorsed by the Society for Healthcare Epidemiology of America to make them more relevant to people with advanced dementia.

Reference

1. D'Agata E, Loeb MB, Mitchell SL. Challenges in assessing nursing home residents with advanced dementia for suspected urinary tract infections. *J Am Geriatr Soc* 2013;61:62-6.