INFECTION CONTROL MANUAL

Subject	**Guidelines for Infection Control Statistics**
Policy NO:	**IC104**
Department:	**Infection Control**
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Regulatory	TJC: IC.01.01.01

PURPOSE:

The following guidelines are intended to provide a foundation for the determinations required for Infection Control Statistics. They are not hard-and-fast rules, but rather criteria that will be met in a majority of cases. There may be instances in which a determination is made that seems contrary to the guidelines, but is based on sound professional judgment (e.g., true infection without purulence in a patient who is immunosuppressed to mount a response to infection). Consultation with the Medical Director may be necessary for determinations that do not meet the criteria.

In all instances, determination should be made in the following sequence:

1. Is there an infection present at that site?
2. If there is an infection, is it healthcare or community associated/acquired?

INTERPRETING SIGNS AND SYMPTOMS:

Although the following signs/symptoms may result from infection, these may also be caused by non-infectious conditions, such as those listed.

1. Fever
    - infection
    - drug reaction
    - central fever due to head or spinal cord trauma
    - malignancy
    - thrombophlebitis/pulmonary embolus
    - collagen vascular disease (e.g., vasculitis, lupus)
    - gout
    - IV phlebitis without infection
    - hematoma
    - post-operative fever (first 48 hours following surgery without other indicators of infection)
2. Rales / Rhonchi

- infection
- congestive heart failure or pulmonary edema
- constriction with retained secretions due to COPD
- interstitial lung disease (sarcoid, vasculitis, etc.)

3. Leukocytosis
   - infection
   - response to any stress (e.g., surgery, trauma)
   - malignancy
   - steroid use
4. Dysuria
   - infection
   - inflammation from recent manipulation, foreign body, etc.
5. Dyspnea
   - infection
   - CHF/pulmonary edema
   - valvular or congenital heart disease
   - asthma/COPD
   - aspiration without infection
   - allergic reaction
   - various lung disorders (e.g., interstitial lung disease)
   - pulmonary embolus
   - pneumothorax
   - severe hypoxia due to any cause
   - anxiety/fear
   - tumor or foreign body
   - non-infectious pleural disease
6. Erythema
   - infection
   - inflammation
   - rash/irritation due to a variety of causes

PHYSICIAN DECISION TO TREAT:

A physician's decision to treat is one of the factors in a determination regarding statistics that, although it should not be taken lightly, must be considered along with other evidence. In some

cases, physicians may elect not to treat infection (e.g., an asymptomatic bacteruria); in other cases, empiric therapy may be used when there is no evidence of a specific infection. All questionable cases are to be referred to the Medical Director.

PROPER COLLECTION OF SPECIMENS FOR CULTURES:

All culture interpretations in these guidelines presume proper collection for culture.

REFERENCES:

National Healthcare Safety Network. (January 2024). *National Healthcare Safety Network (NHSN) Patient Safety Component Manual*. https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf