

* CONSTITUTIONAL CRITERIA									
FEVER	<p>ONE of the following criteria MUST be met:</p> <ol style="list-style-type: none"> 1. Single temperature more than 37.8°C 2. Repeated oral temperatures of more than 37.2°C or rectal temperatures more than 37.5°C 3. Single temperature more than 1.1°C increase over baseline of non-illness temperature collected from any site <p><i>There is insufficient evidence to indicate a specific time frame for evaluating repeated temperatures using fever criterion 2. It is suggested repeated temperatures be collected within no more than 48 hours of each other</i></p>								
LEUKOCYTOSIS	>11 x 10 ⁹ leukocytes/L								
ACUTE CHANGE in MENTAL STATUS from BASELINE USING the CONFUSION ASSESSMENT METHOD	<p>ALL FOUR criteria must be present:</p> <ol style="list-style-type: none"> 1. Evidence of acute change in mental status 2. Fluctuating course: behaviour fluctuating (e.g., coming and going, or changing in severity during the assessment) 3. Inattention: difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted) 4. EITHER A OR B: <ol style="list-style-type: none"> A. Disorganized thinking B. Altered level of consciousness: level of consciousness is described as different from baseline (e.g., hyper-alert, sleepy, drowsy, difficult to arouse, non- responsive) 								
ACUTE FUNCTIONAL DECLINE	<p>A new three-point increase in total Activities of Daily Living (ADL) score (range 0-28) from baseline, based on the following seven ADL items, each scored from 0 (independent) to 4 (total dependence)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Bed mobility</td> <td style="width: 50%;">2. Transfer</td> </tr> <tr> <td>3. Dressing</td> <td>4. Locomotion within LTC home</td> </tr> <tr> <td>5. Toilet use</td> <td>6. Personal hygiene</td> </tr> <tr> <td>7. Eating</td> <td></td> </tr> </table> <p><i>Note: This information may not be readily available. If unable to appropriately determine rely on the other indicators above to meet the constitutional criteria.</i></p>	1. Bed mobility	2. Transfer	3. Dressing	4. Locomotion within LTC home	5. Toilet use	6. Personal hygiene	7. Eating	
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INSTRUCTIONS for USE

- 1 Each shift (days, evenings, nights) has one designated nurse responsible to ensure the surveillance form has been updated. Initial at top of line list when completed.
- 2 No white out to be used on line list.
- 3 If error made, strike out and use a new line.
- 4 Start a new line list sheet for each new month.
- 5 Retain hard copy for record retention.

- 6 Ensure notification to ICSA/ICP continues by facility identified process.
- 7 For questions or concerns, contact facility ICSA.
- 8 Print on double sided legal paper requesting the printer to flip pages on the short side.
- 9 First nurse to make assessment, put initials at end of row
- 10 ICSA should review the lab result and transcribe accurately.
- 11 Consult site policy for record retention.

Additional symptoms can be added on the same row later using new nurses' initials in the appropriate column.