# Practical Suggestions for Evaluation of Nursing Home Residents with Non-Localizing Signs or Symptoms

*These tables provide suggestions regarding the components for evaluation for infection in nursing home residents with non-localizing signs or symptoms.*

*The tables were created to help clinicians implement the expert guidance document’s recommendations;* ***however, some of the content in these tables exceeds the scope set for the expert guidance and this document therefore is not endorsed by SHEA****.*

*This is not meant to be a substitute for individual clinical judgment by qualified professionals.*

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| **New-Onset Symptom, Presenting in Isolation** | **Evaluate Further for Infection?** | **Potential Non-Infectious Causes** | **Next Steps and/or Active Monitoring** | **Components of Evaluation for Infection** |
| Fever | **Yes** | * High environmental temperature, including clothing/blankets * Medications that trigger febrile episode (e.g. selective serotonin reuptake inhibitors) | * Take temperature again using the same method * Avoid indiscriminate diagnostic testing * Offer increased hydration and, when possible, antipyretics | * Complete blood count (CBC) and differential * Diagnostic testing based on whether resident has additional signs and symptoms that support a diagnosis at a particular anatomic location (e.g. urine, blood, and chest images) * Broader diagnostic evaluation in residents with isolated fever, and particularly those with advanced dementia |
| Hypothermia | **Yes** | * Low environmental temperature * Diabetes * Hypothyroidism * Head injury * Drug ingestions | Take temperature again using the same method within several hours | Sepsis is a commonly identified trigger of hypothermia. Clinicians should perform a diagnostic evaluation to identify the cause of hypothermia. |
| Hypotension | **Yes** | * Post-prandial orthostatic hypotension * Medication-induced orthostatic hypotension | Assess if hypotension may be post-prandial or medication-induced | Several studies associate low-blood pressure with poor outcomes. Clinicians should perform a diagnostic evaluation to identify the cause of hypotension. |
| Hyperglycemia | **Yes** | * Changes to medication * Changes to diet * Baseline pattern of glycemic control | Individualized approach to assess whether hyperglycemia is abnormal, including assessing medication regimen, recent dietary patterns, and baseline pattern of glycemic control | Because a relationship exists between physiological stress and hyperglycemia in patients with known diabetes and critically ill patients with relative underlying insulin-resistance, evaluate for infection if non-infectious causes are not otherwise explained by medication and diet |
| Delirium | **Yes** | * Medications * Metabolic disorders | Not applicable to delirium identified by CAM | Residents who develop delirium have higher risk of loss of functional status, hospitalization, and death; therefore, evaluate for infection especially if another trigger for delirium is not readily identified |
| **New-Onset Symptom, Presenting in Isolation** | **Evaluate Further for Infection?** | **Potential Non-Infectious Causes (not exhaustive)** | **Next Steps and/or Active Monitoring** | |
| Behavior Changes Exclusive of Delirium | No | Numerous possible infectious and non-infectious causes for myriad potential manifestations, e.g. functional decline, loss of appetite, “not being one’s self,” agitation, weight loss, weakness, lethargy, apathy, etc.  A change in behavior in and of itself is not specific enough to trigger a work-up for infection. | * CAM to rule out delirium * Active monitoring for hemodynamically stable patients * Attempt hydration * Evaluate medications for possible interactions or adverse effects * Further evaluation if additional, more specific signs and symptoms develop | |
| Functional Decline | No | Decline in activities of daily living (ADLs) can be both risk factors and consequences of infection.  Non-infectious reasons for functional decline include stroke, hip fracture, and congestive heart failure. | Actively monitor residents with abrupt functional decline | |
| Falls | No | Insufficient evidence exists to link infectious conditions, e.g. pneumonia, to falls.  Patients cultured for UTI following a fall are as likely to have positive urine as those who did not experience a fall. | Not applicable | |
| Anorexia | No | Medication | Actively monitor residents with new-onset anorexia | |