# 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
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| 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
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| 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 |