

2022 NHSN Eye, Ear, Nose, Throat, or Mouth (EENT) Infection Checklist

| Documentation Review Checklist | | |
|--|--------------------------|------|
| EENT - EYE, EAR, NOSE, THROAT, OR MOUTH INFECTION | | |
| CONJ-Conjunctivitis | | |
| Element | Element Met | Date |
| Conjunctivitis must meet at least <u>one</u> of the following criteria: | | |
| 1. Patient has at least <u>one</u> of the following signs or symptoms: | | |
| • Pain | <input type="checkbox"/> | |
| • Erythema | <input type="checkbox"/> | |
| • Swelling of conjunctiva or around eye | <input type="checkbox"/> | |
| <u>AND</u> at least <u>one</u> of the following: | | |
| a. Patient has organism(s) identified from conjunctival scraping or purulent exudate obtained from the conjunctiva or contiguous tissues (for example, eyelid, cornea, meibomian glands, or lacrimal glands) by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| b. WBCs and organism(s) seen on Gram stain of exudate. | <input type="checkbox"/> | |
| c. Purulent exudate. | <input type="checkbox"/> | |
| d. Multinucleated giant cells seen on microscopic examination of conjunctival exudate or scrapings. | <input type="checkbox"/> | |
| e. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism. | <input type="checkbox"/> | |
| Reporting instructions: | | |
| <ul style="list-style-type: none"> • Report other infections of the eye as EYE. • Do not report chemical conjunctivitis, caused by silver nitrate (AgNO₃), as a healthcare-associated infection. • Do not report a separate case of conjunctivitis (CONJ) that occurs as a part of another viral illness (for example, UR). | | |



EENT - EYE, EAR, NOSE, THROAT, OR MOUTH INFECTION

EAR-Ear, mastoid infection

| Element | Element Met | Date |
|---|--------------------------|------|
| Ear and mastoid infections must meet at least <u>one</u> of the following criteria: | | |
| <u>Otitis externa</u> must meet at least <u>one</u> of the following criteria: | | |
| 1. Patient has organism(s) identified from purulent drainage from ear canal by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| 2. Patient has at least <u>one</u> of the following: | | |
| • Fever (>38.0°C) | <input type="checkbox"/> | |
| • Pain* | <input type="checkbox"/> | |
| • Erythema* | <input type="checkbox"/> | |
| AND | | |
| • Organism(s) seen on Gram stain of purulent drainage from ear canal. | <input type="checkbox"/> | |
| <u>Otitis media</u> must meet at least <u>one</u> of the following criteria: | | |
| 3. Patient has organism(s) identified from fluid from middle ear obtained during an invasive procedure (for example, tympanocentesis) by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| 4. Patient has at least <u>two</u> of the following: | | |
| • Fever (>38.0°C) | <input type="checkbox"/> | |
| • Pain * | <input type="checkbox"/> | |
| • Inflammation* | <input type="checkbox"/> | |
| • Retraction* or decreased mobility of eardrum* | <input type="checkbox"/> | |
| • Fluid behind eardrum* | <input type="checkbox"/> | |
| <u>Otitis interna (labyrinthitis)</u> must meet at least <u>one</u> of the following criteria: | | |
| 5. Patient has organism(s) identified from fluid from inner ear obtained during an invasive procedure by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| 6. Patient has a physician diagnosis of inner ear infection. | <input type="checkbox"/> | |
| <u>Mastoiditis</u> must meet at least <u>one</u> of the following criteria: | | |
| 7. Patient has organism(s) identified from fluid or tissue from mastoid by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| 8. Patient has at least <u>two</u> of the following: | | |
| • Fever (>38.0°C) | <input type="checkbox"/> | |
| • Pain or tenderness* | <input type="checkbox"/> | |
| • Post auricular swelling* | <input type="checkbox"/> | |
| • Erythema* | <input type="checkbox"/> | |



| | | |
|---|--------------------------|--|
| • Headache* | <input type="checkbox"/> | |
| • Facial paralysis* | <input type="checkbox"/> | |
| AND at least <u>one</u> of the following: | | |
| a. Organism(s) seen on Gram stain of fluid or tissue from mastoid | <input type="checkbox"/> | |
| b. Imaging test evidence suggestive of infection (for example, CT scan), which if equivocal is supported by clinical correlation, specifically, physician documentation of antimicrobial treatment for mastoid infection. | <input type="checkbox"/> | |
| <i>*With no other recognized cause documented by physician</i> | | |

| EENT - EYE, EAR, NOSE, THROAT, OR MOUTH INFECTION | | |
|--|--------------------------|------|
| EYE-Eye infection, other than conjunctivitis | | |
| Element | Element Met | Date |
| An infection of the eye, other than conjunctivitis, must meet at least <u>one</u> of the following criteria: | | |
| 1. Patient has organism(s) identified from anterior or posterior chamber or vitreous fluid by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| 2. Patient has at least <u>two</u> of the following signs or symptoms with no other recognized cause: | | |
| • Eye pain | <input type="checkbox"/> | |
| • Visual disturbance | <input type="checkbox"/> | |
| • Hypopyon | <input type="checkbox"/> | |
| AND | | |
| • Physician initiates antimicrobial therapy within <u>two</u> days of onset or worsening of symptoms. | <input type="checkbox"/> | |

| EENT-EYE, EAR, NOSE, THROAT, OR MOUTH INFECTION | | |
|--|--------------------------|------|
| SINU-Sinusitis | | |
| Element | Element Met | Date |
| Sinusitis must meet at least <u>one</u> of the following criteria: | | |
| 1. Patient has organism(s) identified from fluid or tissue from the sinus cavity obtained during an invasive procedure by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| 2. Patient has at least <u>one</u> of the following signs or symptoms: | | |
| • Fever (>38.0°C) | <input type="checkbox"/> | |
| • Pain or tenderness over the involved sinus* | <input type="checkbox"/> | |
| • Headache* | <input type="checkbox"/> | |
| • Purulent exudate* | <input type="checkbox"/> | |
| • Nasal obstruction* | <input type="checkbox"/> | |
| AND | | |
| • Imaging test evidence of sinusitis (for example, x-ray, CT scan). | <input type="checkbox"/> | |
| <i>*With no other recognized cause documented by physician</i> | | |

EENT - EYE, EAR, NOSE, THROAT, OR MOUTH INFECTION

ORAL-Oral cavity infection (mouth, tongue, or gums)

| Element | Element Met | Date |
|---|--------------------------|------|
| Oral cavity infections must meet at least one of the following criteria: | | |
| 1. Patient has organism(s) identified from abscess or purulent material from tissues of oral cavity by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| 2. Patient has an abscess or other evidence of oral cavity infection found on invasive procedure, gross anatomic exam, or histopathologic exam. | <input type="checkbox"/> | |
| 3. Patient has at least one of the following signs or symptoms with no other recognized cause: | | |
| • Ulceration | <input type="checkbox"/> | |
| • Raised white patches on inflamed mucosa | <input type="checkbox"/> | |
| • Plaques on oral mucosa | <input type="checkbox"/> | |
| AND at least one of the following: | | |
| a. Virus identified from mucosal scrapings or exudate by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). | <input type="checkbox"/> | |
| b. Multinucleated giant cells seen on microscopic examination of mucosal scrapings or exudate. | <input type="checkbox"/> | |
| c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism. | <input type="checkbox"/> | |
| d. Fungal elements seen on microscopic exam of mucosal scrapings or exudate (for example, Gram stain, KOH). | <input type="checkbox"/> | |
| e. Physician initiates antimicrobial therapy within 2 days of onset or worsening of symptoms. | <input type="checkbox"/> | |
| Reporting instruction: | | |
| <ul style="list-style-type: none"> Report healthcare-associated primary herpes simplex infections of the oral cavity as ORAL; recurrent herpes infections are not healthcare associated. | | |



EENT - EYE, EAR, NOSE, THROAT, OR MOUTH INFECTION

UR-Upper respiratory tract infection, pharyngitis, laryngitis, epiglottitis

| Element | Element Met | Date |
|--|--------------------------|------|
| Upper respiratory tract infections must meet at least <u>one</u> of the following criteria: | | |
| 1. Patient has at least <u>two</u> of the following signs or symptoms: | | |
| • Fever (>38.0°C) | <input type="checkbox"/> | |
| • Erythema of pharynx* | <input type="checkbox"/> | |
| • Sore throat* | <input type="checkbox"/> | |
| • Cough* | <input type="checkbox"/> | |
| • Hoarseness* | <input type="checkbox"/> | |
| • Tachypnea* | <input type="checkbox"/> | |
| • Nasal discharge* | <input type="checkbox"/> | |
| • Purulent exudate in throat* | <input type="checkbox"/> | |
| <u>AND</u> at least <u>one</u> of the following: | | |
| a. Organism(s) identified from upper respiratory site [specifically: larynx, pharynx, and epiglottis] by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). Note: excludes sputum and tracheal aspirate because these are not upper respiratory specimens. | <input type="checkbox"/> | |
| b. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism. | <input type="checkbox"/> | |
| c. Physician diagnosis of an upper respiratory infection. | <input type="checkbox"/> | |
| 2. Patient has an abscess on gross anatomical or histopathologic exam or imaging test. | <input type="checkbox"/> | |
| 3. Patient ≤1 year of age has at least <u>two</u> of the following signs or symptoms: | | |
| • Fever (>38.0°C) | <input type="checkbox"/> | |
| • Hypothermia (<36.0°C) | <input type="checkbox"/> | |
| • Apnea* | <input type="checkbox"/> | |
| • Bradycardia* | <input type="checkbox"/> | |
| • Nasal discharge* | <input type="checkbox"/> | |
| • Purulent exudate in throat* | <input type="checkbox"/> | |
| <u>AND</u> at least <u>one</u> of the following: | | |
| a. Organism(s) identified from upper respiratory site [specifically larynx, pharynx, and epiglottis] by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). Note: excludes sputum and tracheal aspirate because they are not upper respiratory specimens. | <input type="checkbox"/> | |
| b. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism. | <input type="checkbox"/> | |
| c. Physician diagnosis of an upper respiratory infection. | <input type="checkbox"/> | |
| <i>*With no other recognized cause documented by physician</i> | | |
| Reporting instruction: | | |
| • Nasopharyngeal (NP) specimens are eligible to cite a UR. | | |

