

Active Respiratory Infection Care Plan - Isolation

Date Initiated: _____

PROBLEM	GOALS	TARGET DATE	APPROACHES/INTERVENTIONS	DISCIPLINES
I have an active, transmissible infection	My risk of developing complications from infection will be reduced.		<input type="checkbox"/> I require supplemental oxygen: _____ <input type="checkbox"/> I need opportunities to socialize. Please accommodate as much as possible within the limits of my isolation precautions. <input type="checkbox"/> I am worried and need opportunities to verbalize my fears. <input type="checkbox"/> Administer my medications as ordered. Monitor for side effects. <input type="checkbox"/> Take my vital signs Q shift, including pulse oximetry or as ordered by my physician. Report abnormal findings. <input type="checkbox"/> Implement and Maintain Transmission-Based Precautions <input type="checkbox"/> Monitor for presence or absence of symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Report to my physician of worsening signs and symptoms of infection or lack of improvement from treatment. <input type="checkbox"/> Report any of the following immediately:	

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

		<ul style="list-style-type: none"> <input type="checkbox"/> Trouble breathing/oxygen saturation <90% <input type="checkbox"/> Persistent pain or pressure in my chest <input type="checkbox"/> New confusion or inability to arouse <input type="checkbox"/> Bluish lips or face <input type="checkbox"/> Monitor lab work as ordered and report results to my physician. <input type="checkbox"/> Encourage me to use clean hygiene techniques to avoid cross-contamination, especially handwashing before meals and after bowel movements. <input type="checkbox"/> Remind me to cough or sneeze into a tissue or my elbow. Keep tissues and trash cans within easy reach. <input type="checkbox"/> If I must leave my room or the facility, place a facemask over my nose and mouth. Assist me with handwashing before leaving. <input type="checkbox"/> Notify any transport personnel or receiving healthcare facility of my diagnosis and the precautions I need. Offer and encourage me to drink adequate fluids (if appropriate for medical diagnosis). <input type="checkbox"/> Assess my need for dietary modification and consult RD as indicated. <input type="checkbox"/> Honor my advance directives. 	
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RESIDENT NAME _____ ROOM # _____

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