

Activities Care Plan – Isolation

Date Initiated: _____

PROBLEM	GOALS	TARGET DATE	APPROACHES/INTERVENTIONS	DISCIPLINES
I am required to social distance and group activities with other residents have been discontinued due to a transmissible infection	I will not have an increase in anxiety or signs/symptoms of depression I will be involved in an independent activity of my choice ____ x week.		☐ Assist me in “connecting” with loved ones via social media, facetime, skype, etc. ☐ Arrange phone conversations with my family and friends ☐ Provide me with needed PPE ☐ Provide safe ways for me to continue to be active, such as staff walking with me outside, or walking alone if appropriate ☐ Provide independent activities based on my personal preferences ☐ Allow time for me to express myself through art projects, building/constructing kits such as bird houses, etc. ☐ Provide “activities on the go”. Place small games, craft projects and other items that can be easily sanitized after use into a bin and take them to my room. If I need assistance with these activities, remain with me and work 1:1	

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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.

			(maintain social distancing) to engage me in the activities and/or conversation when able ☐ Social Engagement activities “Doorway Soccer, doorway large muscle exercises, yoga/stretching, tai chi, noodles, scarf, stretchy band exercises. Group singing in hallways with staff and residents Church services: via TV, radio, livestream or recorded, Prayer CDs Bingo numbers announced daily for an ongoing weekly game, doorway bingo	
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RESIDENT NAME _____ ROOM # _____

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