

Isolation Checklist

Resident Name: _____

Criterion	Yes	No
1. Resident is Alone in Room (No Roommate)	Start Date: End Date:	If No, why?
2. Resident remains in Room and all activities brought to patient	Start Date: End Date:	If No, why?
3. Active Infection	Dx Name: ICD-10:	If No, why?
4. Precautions are over and above standard precautions.	State Precautions:	If No, why?
5. MD Order for Isolation	Date of Order:	If No, why?
6. MD Documentation to support Isolation	Date of Notes:	If No, why?
7. Isolation Days are tracked on MAR and TAR	Date on MAR/TAR:	If No, why?
8. Is Significant Change MDS applicable?	Date of ARD: Date of MDS Completion:	If No, why?
9. Care Plan Addresses Isolation	Date Care Plan Addressees Isolation:	If No, why?
10. Facility Policy and Procedure on Isolation Updated	Date Policy Revised:	If No, why?

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Resident Name: _____

1. The resident resides in a **room alone because of active infection** and the resident cannot have a roommate.
2. The resident must **remain in his/her room** and all services be brought to the resident (e.g. Rehabilitation, Activities, Dining, etc.).
3. The resident has **active infection** with highly **transmissible** or epidemiologically significant pathogens that have been **acquired by physical contact** or **airborne** or **droplet transmission**.
4. The **Precautions** are **over and above standard precautions**. Precautions are transmission-based precautions (**contact, droplet, and/or airborne**).
5. There is an **MD Order for Isolation**.
6. There is **Physician Documentation** (Progress Notes) that support the rationale for isolation.
7. Track isolation on a **TAR/MAR** to identify the exact days in which isolation occurs.
8. Be sure the **Care Plan** addresses **interventions** to reduce the negative impact of Isolation.
9. Review the patient status for **Significant Change MDS**.
10. The **Facility Policy** for Isolation updated.