



## Person-Centred Isolation Care Plan

\*See Isolation Care-plan summary for condensed version

### PERSONHOOD:

What information do we know about this person? (e.g. likes, dislikes, values, previous roles/professions, their capabilities, relationships/family)?

What kinds of needs/reasons bring them out of their room?

What helps them return to their room?

### ENGAGEMENT:

What activities do they enjoy?

What activities can the resident engage in while in their room? What do they need for these activities?

What do they like to talk about?

Who do they enjoy spending time with?

**RESIDENT NAME OR INITIALS:** \_\_\_\_\_ **COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_ / \_\_\_ / \_\_\_

**SUPPORTING NEEDS:**

What do they need help with?

What are their favorite foods or drinks?

What things and/or people bring them joy and pleasure?

**REMINDERS:**

What do they understand about the need to stay in their room?

What kinds of reminders are effective? (write exact words to use)

What other kinds of reminders work? (Signs, barriers, alarms)

**PLANNED APPROACHES/STRATEGIES:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_