

RESIDENT NAME OR INITIALS: _____ COMPLETED BY: _____ DATE: __/__/__

Isolation Decision-Making Worksheet



What is the **danger(s)** you are trying to prevent? How likely is this to occur? If it does occur, what are the possible outcomes?

APPROACHES/STRATEGIES THAT YOU HAVE CONSIDERED OR TRIED:

Approach/strategy that you have tried or are considering?	What are the risks involved in this approach/strategy?	What are benefits involved in this approach/strategy?	How effective has the approach/strategy been?

WHO HAS BEEN CONSULTED/INVOLVED IN THIS DECISION? WHAT WAS THEIR INPUT?

STAKEHOLDER	INPUT
Public Health	
Leadership/Management	
Resident	
Substitute Decision Maker	
Team members	

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Chosen plan of action:

How will this plan be communicated?

What will you do to minimize the risks that have been identified?

How will you keep track of how effective and safe this plan is?

When will you re-evaluate this plan?



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What is the **danger(s)** you are trying to prevent? How likely is this to occur? If it does occur, what are the possible outcomes?

-Day 4 post positive COVID test, asymptomatic but likely infectious.

-Touches railings and tabletops as she passes.

-Tends to walk up close to other residents or goes into their rooms.

-Significant risk of spreading COVID.

APPROACHES/STRATEGIES THAT YOU HAVE CONSIDERED OR TRIED:

Approach/strategy that you have tried or are considering?	What are the risks involved in this approach/strategy?	What are benefits involved in this approach/strategy?	How effective has the approach/strategy been?
See isolation care plan.	Minimal risks, involves walk with staff and PPE.	Needs are addressed most of the time.	About 80% effective - comes out of room when sundowning/agitated in evenings.
Scheduled quetiapine at 5pm.	She may become more confused or fall.	PRNs of Quetiapine seem to help.	Needs close observation when possible.

WHO HAS BEEN CONSULTED/INVOLVED IN THIS DECISION? WHAT WAS THEIR INPUT?

STAKEHOLDER	INPUT
Public Health	Aware of difficulty with resident isolating and plan.
Leadership/Management	Looking to add extra evening staff to support isolation.
Resident	Doesn't want to take medication. No insight into infection.
Substitute Decision Maker	Worried about effects of medication. Reviewed monitoring plan and he consented.
Team members	RT concerned about how much PPE she is using to visit frequently.
	Staff worried that when she comes out into hallway, they don't have time to put on PPE.



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Chosen plan of action:

- Will continue with isolation care plan.
- Will request MD to add scheduled dose of quetiapine at 5pm.
- Team to review and adjust with feedback.

How will this plan be communicated?

- Will add to PCC.
- Will place in resident's chart.

What will you do to minimize the risks that have been identified?

- Staff will monitor for side effects of medication.
- We are preparing a red zone where she can move in 2 days and will stop medication then.

How will you keep track of how effective and safe this plan is?

- DOS initiated to track when she comes out of her room and agitation.

When will you re-evaluate this plan?

- Will assess daily for the next 2 days.