

RESIDENT NAME: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_



## Isolation Care Plan Summary

(REFER TO ISOLATION WORKSHEET FOR DETAILS)

Follow **existing care plan**, with these additions:

\*This care plan does not replace the resident plan of care already in use. These are additional measures

\*designed to support the safe and compassionate isolation of residents during the pandemic.

<b>ISOLATION PERIOD:</b>	
<b>ISOLATION REASON:</b>	
<b>ROUTINES AND CARE DURING ISOLATION:</b> Use this section to record any new routines that will be used during the isolation period. For example: <i>Transfer to wheelchair after breakfast and back to bed after lunch.</i>	
<b>CUES AND REMINDERS:</b> Use this section to record specific cues and reminders that have been effective to help the resident. For example: <i>Resident can understand that there is a bad virus and they need to stay in their room, but needs reminding at every interaction. Point to signs to reinforce this.</i>	
<b>ACTIVITIES:</b> Use this section to record what activities the resident can do and enjoy while in isolation in their room. For example: <i>Enjoys watching old golf games on Youtube. Likes to listen to JazzFM and drink tea.</i>	
<b>SUPPORTING NEEDS:</b> Use this section to record additional ways the staff can ensure their needs while isolated are met. For example: <i>Check every shift to ensure resident's tablet is charged and within reach. Check the resident is satisfied with the radio volume. Bring fresh tea often.</i>	

PERSON PREPARING PLAN: \_\_\_\_\_

REVIEW AND UPDATE PLAN ON (DATE): \_\_\_ / \_\_\_ / \_\_\_