Firelands Regional Medical Center
School of Nursing
MSN 2025

INFECTION CONTROL "QUALITY" SCAVENGER HUNT

Assignment: The student will independently participate in a quality assurance review of charts by monitoring for appropriateness and compliance of precautions for all patients who are currently in isolation. Be sure to print a copy of this scavenger hunt and take it with you to be completed during the Infection Control clinical. Following clinical, this assignment will be submitted electronically (in typed format) to the Infection Control Signature Form and Scavenger Hunt dropbox located in Edvance360 by Saturday at 2200 following the experience. The faculty will review for completion and forward to the Firelands Infection Preventionist, Sydney Cmar, RN, MPH.

Instructions: Under the direction of Sydney Cmar or Sandie Beal, you will go to various inpatient units and complete this assignment. You will make rounds on the nursing unit to determine which patients are in isolation precautions (all patients in isolation will be assessed). Utilizing the patient chart in Meditech, you will then review and record the information included on the checklist. Sydney Cmar will review this process with you during your Infection Control clinical.

Name: Malone Phillips Date: 1/24/25

Concurrent Quality & Infection Control Precautions Monitoring

Criteria	**Isolation Pt. #1** **Unit: 3T** **Room# 4**	**Isolation Pt. #2** **Unit: 3T** **Room# 15**	**Isolation Pt. #3** **Unit: 3T** **Room# 21**	**Isolation Pt. #4** **Unit: 3T** **Room# 32**
Reason for Isolation	MDRO Contact	MDRO Contact	ESBL Contact	MRSA Contact
Precautions Posted	Y/N	Y/N	Y/N	Y/N
Appropriate Precautions	Y/N	Y/N	Y/N	Y/N
Cart Stocked	Y/N	Y/N	Y/N	Y/N
Precaution Use (any healthcare provider entering	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:

room)	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Y/N	Y/N	Y/N	Y/N

Criteria	**Isolation Pt. #5** **Unit: 4C** **Room 2**	**Isolation Pt. #6** **Unit: 4C** **Room 8**	**Isolation Pt. #7** **Unit: 4P** **Room 22**	**Isolation Pt. #8** **Unit: 4P** **Room 29**
Reason for Isolation	ESBL Contact	Influenza A Droplet	ESBL & Influenza A Contact & Droplet	Influenza A & Pneumonia Droplet
Precautions Posted	Y/N	Y/N	Y/N	Y/N
Appropriate Precautions	Y/N	Y/N	Y/N	Y/N
Cart Stocked	Y/N	Y/N	Y/N	Y/N
Precaution Use (any healthcare provider entering room)	Y/N Dept: Doctor	Y/N Dept: RN	Y/N Dept:	Y/N Dept: RN
	Y/N Dept:	Y/N Dept: RN	Y/N Dept:	Y/N Dept: RN
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Y/N	Y/N	Y/N	Y/N

Criteria	**Isolation Pt. #9** **Unit: 4P**	**Isolation Pt. #10** **Unit: 5T**	**Isolation Pt. #11** **Unit: _____**	**Isolation Pt. #12** **Unit: _____**

	Room 32	Room 5	Room _____	Room _____
Reason for Isolation	Pneumonia Droplet	MDRO Contact		
Precautions Posted	Y/N	Y/N	Y/N	Y/N
Appropriate Precautions	Y/N	Y/N	Y/N	Y/N
Cart Stocked	Y/N	Y/N	Y/N	Y/N
Precaution Use (any healthcare provider entering room)	Y/N Dept: Housekeeping	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept: RN	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept: RN	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Y/N	Y/N	Y/N	Y/N

Hand Hygiene Observations

Unit	Occupation	In		Out	
4C	**Doctor**	**Yes**	**No**	**Yes**	**No**
4P	**RN**	**Yes**	**No**	**Yes**	**No**
4P	**RN**	**Yes**	**No**	**Yes**	**No**
4P	**Housekeeping**	**Yes**	**No**	**Yes**	**No**
4C	**RN**	**Yes**	**No**	**Yes**	**No**
4P	**RN**	**Yes**	**No**	**Yes**	**No**

3T	**Case Manager**	**Yes**	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**

		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**
		Yes	**No**	**Yes**	**No**