

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: _____

Date: _____

Concurrent Quality & Infection Control Precautions Monitoring

Criteria	Isolation Pt. #1 Unit: _____ Room# _____	Isolation Pt. #2 Unit: _____ Room# _____	Isolation Pt. #3 Unit: _____ Room# _____	Isolation Pt. #4 Unit: _____ Room# _____
Reason for Isolation				
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:	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:	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: _____ Room _____	Isolation Pt. #6 Unit: _____ Room _____	Isolation Pt. #7 Unit: _____ Room _____	Isolation Pt. #8 Unit: _____ Room _____
Reason for Isolation				
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:	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:	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: _____ Room _____	Isolation Pt. #10 Unit: _____ Room _____	Isolation Pt. #11 Unit: _____ Room _____	Isolation Pt. #12 Unit: _____ Room _____
Reason for Isolation				
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:	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:	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

