

the Last 24 hours				
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Criteria	Isolation Pt. #5 Unit: __3T____ Room __37____	Isolation Pt. #6 Unit: __4C____ Room __15____	Isolation Pt. #7 Unit: __4N____ Room __9____	Isolation Pt. #8 Unit: __4P____ Room __21____
Reason for Isolation	Covid Droplet +	RSV Contact	ESBL Contact	Flu 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:	Y/N Dept:	Y/N Dept:therapy	Y/N Dept:therapy
	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: __5T____ Room __29____	Isolation Pt. #10 Unit: _____ Room _____	Isolation Pt. #11 Unit: _____ Room _____	Isolation Pt. #12 Unit: _____ Room _____
Reason for Isolation	MRDO 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:	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	Y/N	Y/N	Y/N	Y/N

		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No