Firelands Regional Medical Center
School of Nursing
MSN 2026

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. This will be completed during the Infection Control clinical. Each student will use the electronic scavenger hunt form found in the Edvance360 Clinical Resources tab to type their findings from the clinical experience and submit it to the Infection Control Signature Form and Scavenger Hunt dropbox located in Edvance360 by Saturday at 2200 following your clinical experience. Handwritten forms will not be accepted for credit. The faculty will review for completion and forward to the Firelands Infection Preventionist, Sydney Cmar, RN, MPH.

Instructions: Under the direction of Sydney Cmar, 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: **Kayla Jameson** Date: **3-11-2026**

Concurrent Quality & Infection Control Precautions Monitoring

Criteria	**Isolation Pt. #1** **Unit: 3T** **Room# 3024**	**Isolation Pt. #2** **Unit: 3T** **Room# 3035**	**Isolation Pt. #3** **Unit: 4C** **Room# 4004**	**Isolation Pt. #4** **Unit: 4P** **Room# 4023**
Reason for Isolation	Pneumonia (Droplet)	Pneumonia (Droplet)	RSV (Contact)	ESBL (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: Nurse	Y/N Dept: Nurse	Y/N Dept: Therapy	Y/N Dept: Student Nurse
	Y/N Dept:	Y/N Dept:	Y/N Dept: Therapy	Y/N Dept: Student Nurse
	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

Hand Hygiene Observations

Unit	Occupation	In		Out	
3T	Nurse	Yes	No	Yes	No
3T	Doctor	Yes	No	Yes	No
3T	Doctor	Yes	No	Yes	No
3T	Student Doctor	Yes	No	Yes	No
4C	Therapy	Yes	No	Yes	No
4P	Student Nurse	Yes	No	Yes	No
5T	Student Nurse	Yes	No	Yes	No
5T	Nurse	Yes	No	Yes	No
5T	Nurse	Yes	No	Yes	No
5T	Nurse	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