Nursing Assessment of Isolation Status

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

1 Refer to Isolation Policy (#CLN0432)
2 Respiratory A: airborne
   Respiratory D: droplet
3 Infection Control (IC) - Phone: (713)792-3655
   Email: INFECTIONCONTROL@mdanderson.org

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**ASSESSMENT**

- Respiratory A² isolation
  - Tuberculosis (pulmonary)
  - Measles
  - Respiratory D² isolation
  - Strict isolation
    - Chickenpox
    - Disseminated Varicella zoster
  - Contact isolation or Contact isolation with mask

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**EVALUATION**

- Clostridiodes difficile
  - Diarrhea?
    - Yes
      - Continue contact isolation
      - No C. difficile toxin testing required
    - No
      - Respiratory virus
        - Respiratory sign/symptom?
          - Yes
            - Continue isolation
            - No viral testing required
          - No
            - Shingles
              - Are all lesions crusted?
                - Yes
                  - Continue isolation
                - No
                  - Multidrug-resistant (MDR) gram-negative rods
                    - Call IC³
            - Others/Unknown
              - Methicillin-resistant Staphylococcus aureus (MRSA)
                - See Page 2
              - Vancomycin-resistant enterococci (VRE)
                - See Page 3

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**INTERVENTION**

- Call IC³ to remove patient from isolation

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**EVALUATION**

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
  - Follow-up cultures of nares and original body site done?:
    - Yes: Negative for MRSA?
      - Yes: Call IC² to remove patient from isolation
      - No: Patient off antibiotics³ for at least 3 days⁴?
        - Yes: Nursing follow-up on culture result(s)
          - No: Continue isolation
        - No: Continue isolation
          - Do not collect culture
  - No: Patient off antibiotics³ for at least 3 days⁴?
    - Yes: Nursing: Place MRSA culture order
      - Collect nares sample (swabbing both nostrils with same swab) for MRSA screening
      - Culture original site, if applicable¹
      - Continue isolation
    - No: Continue isolation
      - Do not collect culture

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**INTERVENTION**

- Call IC² to remove patient from isolation

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¹ Re-collection not required for sterile sources, blood, difficult to recollect specimens (e.g., bronchial wash, FNA), or healed wounds. Call Infection Control if you have questions.
² Infection Control (IC) - Phone: (713)792-3655
  Email: INFECTIONCONTROL@mdanderson.org
³ Any antibiotic given on a daily basis
⁴ Do not re-culture more than every 14 days

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Approved by the Executive Committee of the Medical Staff on 03/26/2019

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VRE from gastrointestinal source

Follow-up with 3 consecutive rectal or stool cultures for VRE at least 1 week apart

Negative for VRE?

Follow-up with 1 rectal or stool culture for VRE

Patient off antibiotics at least 3 days and/or chemotherapy regimen completed?

Yes

Nursing: Place VRE culture order
• Collect rectal swab for VRE screening
• Continue isolation

Yes

Negative for VRE?

No

No

Nursing: Place VRE culture order
• Collect rectal swab for VRE screening
• Continue isolation

No

Call IC to remove patient from isolation

Refer to Box A if positive for VRE

1 Infection Control (IC) - Phone: (713)792-3655
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2 Any antibiotic given on a daily basis

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SUGGESTED READINGS

MD Anderson Institutional Policy #CLN0432 - Isolation Policy
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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Infection Control work group at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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