**Isolation and Barrier Nursing Inpatients Flow Chart**

S**tart Here**

Does the patient have a known infectious agent? (Inc MDR)

NO YES

High there a high level of suspicion for an infectious agent (inc MDR?)

Can/could it have air borne transmission?

YES

**ULTRA BARRIER - PUT IN ISOLATION**

YES

YES NO

YES

Can/could it be transmitted in free fluids? i.e urine/diarrhoea/wound fluid?

Could it be highly infectious? i.e Parvo, MDR wound infection

NO

NO

**HIGH BARRIER – ALLOCATE AND TAKE TO A SEPARATE RUN**

NO

Is the patient immuno compromised or ≤8 weeks old?

YES

**MEDIUM BARRIER**

NO

Does the patient have vomiting/diarrhoea or a cough/discharge?

YES NO

Is there a known non-infectious cause?

NO YES

**PATIENT DOES NOT NEED BARRIER NURSING**

NO

Does the patient have a wound (inc if covered)?

YES

**LOW BARRIER**

YES

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Barrier Nursing PPE Levels | | | | | | | |
| Level | | **Gloves** | **Gown** | **Overalls** | **Isolation Clogs** | **Shoe or Boot Covers** | **Hat** | **Mask + Visor** |
| ULTRA | | **🗸**  **(Double)** |  | **🗸** | **🗸** | **🗸**  **(Boot + Shoe)** | **🗸** | **🗸** |
| HIGH | | **🗸 (Double)** | **🗸** |  |  | **🗸**  **(Shoe)** |  |  |
| MEDIUM | | **🗸 (Double)** | **🗸** |  |  |  |  |  |
| LOW | | **🗸** |  |  |  |  |  |  |