**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 | **🗸** |  |  |  |  |  |  |