Implementing Isolation Droplet Precautions
Are Your Nurses Checking All the Boxes?

1. Discard used materials appropriately and remove and discard PPE, everything but the respirator (if worn), in the patient’s room.
2. Perform hand hygiene and don a surgical or isolation mask prior to entering the patient’s room.
3. Reorient the patient to their surroundings and ongoing needs.
4. Explain the procedure.
5. Identify the patient.
6. Verify completion of facility informed consent, if necessary.
7. Check the orders and care plan.
8. Assess general health status, including pain level and provide prescribed analgesic, if necessary.
9. Delineate specific steps on the sign that should be employed to reduce transmission of the pathogen.
10. Include the name of the specific pathogen involved so that non-immunized individuals will not be exposed.
11. Perform hand hygiene and don a surgical or isolation mask prior to entering the patient’s room.
12. Introduce yourself.
13. Explain the procedure.
14. Perform hand hygiene according to facility protocol, and don personal protective equipment.
15. Assess general health status, including pain level and provide prescribed analgesic, if necessary.
16. Recruit other staff members to assist as necessary.
17. Limit patient movement beyond the confines of the room.
18. Ensure that all non-disposable equipment is properly cleaned and disinfected before being used for another patient.
19. Arrange for the environmental services department to clean more frequently as compared to routine cleaning.
20. Educate family members and other visitors about the importance of maintaining droplet precautions, especially the need to wear a surgical or isolation mask and perform careful hand hygiene.
21. Assess the patient for psychological effects of being placed on isolation precautions, which can include signs of depression and emotional withdrawal. Be aware that patients react differently to isolation and the need to wear PPE.
22. Discard used materials appropriately and remove and discard PPE, everything but the respirator (if worn), in the patient’s room.

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2. Confirm that the patient is placed in a private room, if possible.
3. Maintain patient isolation by keeping the door to the patient’s room closed.
4. As a last resort, position the patient’s bed away from adjacent beds and maintain patient isolation.
5. Locate an isolation cart stocked with necessary PPE to the anteroom or the area immediately outside the entrance to the patient’s room.
6. Note: The respirator can be discarded in a biohazard container or saved, per facility protocol, and placed in a labeled, closed bag for future use by the same clinician within a prescribed period of time.
7. If wearing a respirator, use appropriate technique to avoid contaminating self and equipment.
8. After the patient has undergone treatment, additional testing may be performed to determine if the infectious agent is no longer transmissible.
9. If wearing a respirator, wait until removing the respirator outside the patient’s room to perform hand hygiene.
10. The infectious agent will not spread to anyone who cares for or visits with the patient.
11. Support strategies will be initiated by clinical staff and/or family members to reduce adverse effects of isolation.
12. The infectious agent will not spread to anyone who cares for or visits with the patient.
13. If wearing a respirator, use appropriate technique to avoid contaminating self and equipment.
14. Don a gown, if indicated.
15. Don gloves, if indicated. Pull the wrist of the gloves over the cuffs of the gown.
17. Limit patient movement beyond the confines of the room.
18. Ensure that all non-disposable equipment is properly cleaned and disinfected before being used.
19. Educate family members and other visitors about the importance of maintaining droplet precautions, especially the need to wear a surgical or isolation mask and perform careful hand hygiene.
20. Perform hand hygiene and don a surgical or isolation mask prior to entering the patient’s room.