

## Provider Rounding With Isolation Patients

**Purpose:** To provide tips for provider rounding teams to limit in room exposure times, number of in room visits and to assist in bundling care for patients on isolation.

### Consult:

1. Discuss the consult with the primary team re: background information, goals of consult, and timeframe for consult
2. Review the chart, lab studies, images, etc. to understand the general picture. Are there other studies or labs needed before a consult can be provided?
3. Consider a call into room to patient/family to get more information, etc.
4. Determine if a physical exam is required
5. If an exam is required, it should be done by the attending/senior level house staff in a single visit whenever possible.
6. Before entering the room, determine a point person who will remain outside the room to obtain additional supplies, etc, if unexpected items are needed. They can be handed into the room to avoid additional donning/doffing of the entering team. Communication can be via walkie talkie or notes shown through the window.
7. Perform hand hygiene and don appropriate PPE
8. After the exam, discussion, and closure, exit and remove PPE/perform hand hygiene
9. Complete documentation outside of room
10. Use room phone as possible to follow-up for follow-up discussions with patient not requiring in room contact

### Inpatient Care:

1. Designate a single provider for daily visit if possible, or the smallest team necessary for visit.
2. When possible, communicate with care nurse & team re: rounding plan to share with patient/family in order to plan conversations and set expectations.
3. Prior to entering room: review events of the past 24 hours, lab studies, images, general picture, consultant input, current needs, and issues to address
4. Consider a call to the patient/family to get more information, etc. that might guide an in-person interaction.
5. Determine & gather additional supplies or equipment needed for visit (i.e.: ensure disposable stethoscope and alcohol wipes in room), suture removal kits, dressings, vac supplies, dopplers, etc.
6. Plan in room time with bedside nurse & caregivers for shared visit if appropriate and bundle care with supply delivery
7. Before entering the room, determine a point person who will remain outside the room to obtain additional supplies, etc., if unexpected items are needed. They can be handed into the room to avoid additional donning/doffing of the entering team. Communication can be via walkie talkie or notes shown through the window.
8. Perform hand hygiene and don appropriate PPE
9. Consider writing goals or key plans on the white wash board to remind patient/family of the plan for the day
10. After the exam, discussion, and closure, exit and remove PPE/perform hand hygiene.
11. Complete documentation outside of room
12. Use room phone as possible to follow-up for follow-up discussions with patient not requiring in room contact