

**PRE-OPERATIVE ISOLATION STATUS ASSESSMENT:
WHAT AN IMPACT WE CAN MAKE**

Team Leader: Mandi L. Glova, BSN, RN
Johns Hopkins Hospital, Bloomberg Children's Center, Baltimore, MD

Background/Problem:

Within the pediatric pre-op area at Johns Hopkins Hospital, pediatric surgical patients are placed on isolation precautions based upon a positive culture from a previous date. Although this positive result is not always recent, in many cases, it is more than a year old and lacks accuracy. Surgical patients regularly receive antibiotics in the OR making a post-operative culture swab ineffective. Therefore initiating the isolation precaution in the pre-op area warranted or not, ensures compliance for the entire hospital stay. In most cases, once discharged, communication about isolation follow up and follow through is neglected. Regardless to the time between visits or admissions; once the child re-enters the hospital isolation precautions are implemented and must be maintained.

Objective/Purpose:

A literature review was conducted to examine the most current evidence using the Johns Hopkins Hospital Evidence Based Practice Model. The purpose of this study was to: investigate the preoperative assessment of the isolation status of children and identify those children on isolation; swab the patient in the PreOp Unit to rule out multidrug resistant organism (MDRO).

Method/Process:

Preoperatively, all pediatric patients' isolation status would be identified. The PreOp nurse would obtain a doctor's order to swab those children who have been designated MDRO status in the PreOp Unit before going to surgery.

Significance of the Problems/Findings:

This initiative revealed that by assessing isolation status and obtaining a swab pre-operatively, patients no longer affected by the multidrug resistant organism (MDRO) can be removed from isolation while allowing those with continued infection or colonization to be appropriately isolated. The psychosocial impact of isolation precautions on pediatric patients and their families is a growing concern. The negative body image that results not only impacts patient satisfaction but staff as well. Likewise, there is also a significant impact on resources related to the cost and waste occurring when unwarranted isolation precautions are taken.

Implications for Perianesthesia Nurses:

By creating this preoperative isolation status assessment initiative that identifies those patients who warrant continued isolation protocols, nurses have the power to improve patient & staff satisfaction as well as lower the cost while reducing waste created by unwarranted isolation precaution measures.