

# Additional Precautions for Clinical Syndromes and Conditions

## Site Applicability

PHC Acute and Long Term Care Sites

## Practice Level

*Basic: Physicians, NPs, Nursing, Clinical Nurse Leader, Clinical Site Coordinator, Bed Placement Coordinator*

## Standards

In addition to Routine Practices, [Additional Precautions](#) will be applied for clinical syndromes and conditions deemed potentially infectious even prior to a diagnosis being made.

A risk assessment for potentially infectious clinical syndromes and conditions will be completed on admission for **all inpatient acute care admissions** using the *Infectious Disease Risk Screening* (IDRS) PowerForm in Cerner (the same form used to [screen for antibiotic resistant organisms](#)).

## Guideline

Patients may present to hospital with clinical syndromes and conditions deemed potentially infectious that require immediate implementation of [Additional Precautions](#), often prior to a diagnosis being made (e.g., meningitis, viral gastroenteritis, and measles). Additional Precautions are also designed to prevent transmission of emerging or rare illnesses such as avian influenza, Severe Acute Respiratory Syndrome (SARS), and hemorrhagic fever for which there is frequently a delay in diagnosis.

Patients presenting with the following clinical syndromes or conditions should be considered for Additional Precautions until a diagnosis is made, after which the need for precautions should be reassessed. These general recommendations are not meant to replace clinical judgment.

- Draining wound = Contact Precautions
- Infestation = Contact Precautions
- Diarrhea (new onset) = Contact Plus Precautions
- Stiff neck, photophobia, fever, and headache = Droplet Precautions
- Acute cough, fever, malaise, shortness of breath = Droplet and Contact Precautions
- Fever with rash = Airborne Precautions
- Hemoptysis, unexplained weight loss, night sweats = Airborne Precautions
- Disseminated vesicular rash and fever = Airborne and Contact Precautions

## Assessment, Intervention, and Documentation

- The IDRS PowerForm (see [Appendix A](#)) will be included in the admission order set for all acute care inpatient admissions.
  - IDRS can be a separate PowerForm or be embedded in other PowerForms (e.g., ED Triage – Adult PowerForm, OB Triage and Assessment PowerForm, MH Initial Admission PowerForm, etc).
- Answering “Yes” to any of these IDRS questions will trigger an automatic order for the appropriate Additional Precautions which will be displayed in the banner bar.

IDRS Documentation with “Yes” Response	Automated Patient Isolation Orders Placed by Cerner
Suspected Viral Respiratory Infection: acute onset fever WITH shortness of breath or cough	Droplet and Contact
Suspected Infectious Diarrhea: acute onset of diarrhea	Contact Plus
Suspected Infectious Vomiting: acute onset of vomiting	Droplet and Contact
Fever with Headache, Photophobia, or Alternated Level of Consciousness (e.g. Meningitis)	Droplet
Fever with Rash (e.g. Measles)	Airborne
Fever with Parotid Swelling (e.g. Mumps)	Droplet and Contact
Query TB (e.g. Hemoptysis)	Airborne
Vesicular Rash (e.g. Shingles, Chickenpox)	Contact (if immune-competent with localized rash) OR Airborne and Contact (if immunocompromised patient or patient with disseminated rash or facial rash)

- The most responsible nurse will ensure the appropriate Additional Precaution sign is posted on the door.
- Admitted patients who develop signs and symptoms compatible with an infectious syndrome or condition in the period after admission should be placed on the appropriate Additional Precaution (i.e., ordered in Cerner and precaution sign posted on door) and the most responsible physician should be notified.

## Patient Placement

- [Routine Practices](#) and [Point of Care Risk Assessment](#) are used in the routine care of *all* patients at *all* times in *all* healthcare settings and are determined by the circumstances of the patient, the environment and the task to be performed.
- Patients with a clinical syndrome or condition that warrants [Airborne](#) or [Airborne and Contact Precautions](#) must be placed in a private, negative pressure airborne infection isolation room.

- Refer to the [Patient Placement Guidelines](#) for further information on private room prioritization.

## Related Documents

### Additional Precautions

- [B-00-07-13084](#) - Airborne and Contact Precautions - Infection Control
- [B-00-07-13028](#) - Airborne Precautions - Infection Control
- [B-00-07-13074](#) - Contact Plus Precautions - Infection Control
- [B-00-07-13029](#) - Contact Precautions - Infection Control
- [B-00-07-13079](#) - Droplet and Contact Precautions - Infection Control
- [B-00-07-13030](#) - Droplet Precautions - Infection Control

### Other Documents

- [B-00-07-13001](#) - Antibiotic Resistant Organisms Screening - Acute Care
- [B-00-07-13087](#) - Patient Placement Guidelines - Infection Control
- [B-00-07-13081](#) - Point of Care Risk Assessment - IPAC Best Practice Guideline
- [B-00-07-13045](#) - Routine Practices - Infection Control
- [CST Cerner Help - Document Infectious Disease Risk Screening](#)

## References

- Centers for Disease Control and Prevention. (2022). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- Public Health Agency of Canada. (2017). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>

## Appendix A: Infectious Disease Risk Screening PowerForm

More information on how to fill out the Infectious Disease Risk Screening PowerForm can be found at [CST Cerner Help](#).

Infectious Disease Risk Screening																			
Refer to field reference text (right-click on field) for automated isolation and ARO swab order information. Confirm all automated orders are consistent with site-specific guidelines.																			
Syndromic Symptom Surveillance																			
<b>ADULTS (17 years or older):</b> Does the patient have any of the following signs or symptoms? (Ref) <b>PEDS (less than 17 years):</b> Does the patient and/or a household member have any of the following signs or symptoms?																			
	No	Yes	Unable to obtain																
*Suspected Viral Respiratory Infection																			
*Suspected Infectious Diarrhea																			
*Suspected Infectious Vomiting																			
*Fever with H/A, Photophobia, or Alt LOC																			
*Fever with Rash (e.g. Measles)																			
*Fever with Parotid Swelling (e.g. Mumps)																			
*Query TB (e.g. Hemoptysis)																			
*Vesicular Rash (e.g. Shingles, Chickenpox)																			
<b>Vesicular Rash Description (Ref)</b> <input type="checkbox"/> Immunocompromised patient <input type="checkbox"/> Localized shingles <input type="checkbox"/> Disseminated rash <input type="checkbox"/> Facial rash																			
Antibiotic Resistant Organism (ARO) and Exposure Screening																			
<b>During the past YEAR, has the patient experienced any of the following antibiotic-resistant organism risk factors? (Ref)</b> <input type="checkbox"/> None <input type="checkbox"/> Canadian healthcare (invasive procedure, overnight stay) <input type="checkbox"/> Chemotherapy (invasive, intravenous or intrathecal) <input type="checkbox"/> Dialysis <input type="checkbox"/> Homelessness, in shelter or refugee camp <input type="checkbox"/> In halfway/group home or long-term care facility <input type="checkbox"/> Incarceration <input type="checkbox"/> Household contact with known CPD <input type="checkbox"/> Household contact with known MRSA and/or VRE <input type="checkbox"/> Substance use <input type="checkbox"/> Unable to obtain			<b>In which Canadian facility did this healthcare occur?</b> 																
<b>Does the patient have a history of any of the following? (Ref)</b> <table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> <th>Unable to obtain</th> </tr> </thead> <tbody> <tr> <td>*History of AROs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*Healthcare OUTSIDE Canada in Last Year</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*Recent Exposure to Communicable Disease</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				No	Yes	Unable to obtain	*History of AROs				*Healthcare OUTSIDE Canada in Last Year				*Recent Exposure to Communicable Disease				<b>ARO History Details (Ref)</b> <input type="checkbox"/> C. Auis <input type="checkbox"/> Other/unknown <input type="checkbox"/> CPD <input type="checkbox"/> MRSA <input type="checkbox"/> VRE
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<b>In which facility and/or country did this foreign healthcare occur?</b> 	<b>When did this foreign healthcare occur?</b> <input type="radio"/> Within the last 21 days <input type="radio"/> More than 21 days ago <input type="radio"/> Unable to obtain	<b>Communicable Disease (Ref)</b> <b>Exposed To:</b> <input type="checkbox"/> Chickenpox or shingles <input type="checkbox"/> Mumps <input type="checkbox"/> Confirmed COVID-19 patient <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Measles <input type="checkbox"/> Other:																	
<b>Tuberculosis Status Description (Ref)</b> <input type="checkbox"/> N/A <input type="checkbox"/> Receiving treatment <input type="checkbox"/> Treated - did not complete treatment <input type="checkbox"/> Other: <input type="checkbox"/> Active pulmonary TB <input type="checkbox"/> Treated - completed treatment <input type="checkbox"/> Unable to obtain																			
<b>Have you or a household member traveled outside of Canada within the last 30 days?</b> <input type="radio"/> No <input type="radio"/> Yes, patient <input type="radio"/> Yes, household member <input type="radio"/> Yes, patient and household member <input type="radio"/> Unable to obtain																			
<b>Location of Recent Travel</b> <i>If needed, right-click on the field below to comment on the specific country to which the patient/household member traveled.</i> <table border="1"> <tbody> <tr> <td><input type="checkbox"/> Africa</td> <td><input type="checkbox"/> China</td> <td><input type="checkbox"/> Russia</td> </tr> <tr> <td><input type="checkbox"/> Asia</td> <td><input type="checkbox"/> Eastern Europe</td> <td><input type="checkbox"/> South America</td> </tr> <tr> <td><input type="checkbox"/> Australia/New Zealand</td> <td><input type="checkbox"/> India</td> <td><input type="checkbox"/> United States</td> </tr> <tr> <td><input type="checkbox"/> Caribbean</td> <td><input type="checkbox"/> Mexico</td> <td><input type="checkbox"/> Western Europe</td> </tr> <tr> <td><input type="checkbox"/> Central America</td> <td><input type="checkbox"/> Middle East</td> <td><input type="checkbox"/> Other:</td> </tr> </tbody> </table>				<input type="checkbox"/> Africa	<input type="checkbox"/> China	<input type="checkbox"/> Russia	<input type="checkbox"/> Asia	<input type="checkbox"/> Eastern Europe	<input type="checkbox"/> South America	<input type="checkbox"/> Australia/New Zealand	<input type="checkbox"/> India	<input type="checkbox"/> United States	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Mexico	<input type="checkbox"/> Western Europe	<input type="checkbox"/> Central America	<input type="checkbox"/> Middle East	<input type="checkbox"/> Other:	
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