

### Documenting Alerts and Isolation Status

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Isolation Status and Alerts are located in the blue Patient Banner Bar.



When the patient is registered, the **Infectious Disease Risk Screening** powerform must be completed.

This form is located in the In Centre Hemodialysis folder, Peritoneal Dialysis folder, Home Hemodialysis folder, Vascular Access Nurse folder, Renal Tech folder and Renal Clinic folder.

Is the patient is able to provide answers to the IDRS? Is a required field. If **Yes** is selected, the remaining fields on the form are enabled and must be answered. If **No** is selected, the fields are not enabled.

**Infectious Disease Risk Screening (IDRS)**

Is the patient able to provide answers to the IDRS?  Yes  No

**IDRS Travel Risk**  
Have you travelled outside of Canada in the last 21 days?  Yes  No

**IDRS ARI Risk**  
Do you have any of the following new/worsening symptoms?  
 No  
 Cough  
 Fever  
 Fatigue  
 Headache/Flu-like symptoms  
 Shortness of breath/Dyspnea/rapidly worsening symptoms  
 Nausea

**IDRS ARI/ARI Risk**  
Are you living in a community facility or congregate setting that is currently in an outbreak?  
 Yes  No

**Infectious Disease Risk Screening (IDRS)**

Is the patient able to provide answers to the IDRS?  Yes  No

**IDRS Travel Risk**  
Have you travelled outside of Canada in the last 21 days?  Yes  No

**IDRS ARI Risk**  
Do you have any of the following new/worsening symptoms?  
 No  
 Cough  
 Fever  
 Fatigue  
 Headache/Flu-like symptoms  
 Shortness of breath/Dyspnea/rapidly worsening symptoms  
 Nausea

**IDRS ARI/ARI Risk**  
Are you living in a community facility or congregate setting that is currently in an outbreak?  
 Yes  No

In this example, we will complete the form and indicate the patient has symptoms of Cough, and Fever, Chills. Beside each question is an Alert Detail, which will tell you if any alerts and/or precautions need to be taken.

**High Alert**  
If no country specified no action required.  
If on High Alert List, place patient in corresponding precaution and contact IPAC immediately

**If Diarrhea, Contact Precautions**  
Diarrhea

**If any of the following, Droplet/Contact Precautions**  
If on High Alert List, place patient in corresponding precaution and contact IPAC immediately  
Cough / Fever/Chills / Headach/Neck Pain / Rash (e.g. shingles, chicken pox) / Shortness of Breath/Difficulty Breathing (not explained by other symptoms) / Vomiting

**If Yes, Droplet/Contact Precautions**

**If Yes, Contact Precautions**

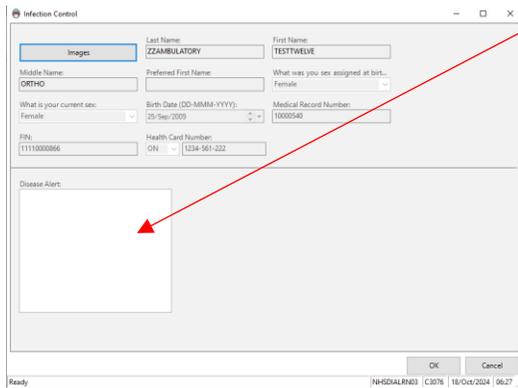
In this example, based on the responses provided, the patient must be placed on Droplet/Contact Precautions. Once complete, sign the form and Refresh.

Navigate back to the Banner bar and the Isolation: Contact, Droplet/Contact now displays.

In order for Alerts to display, Select from the grey menu bar with the icons, PM Conversation.

From the dropdown list, select **Infection Control**

The Infection Control window opens. Click anywhere in the **Disease Alert Box**



**Infection Control**

Images | Last Name: ZZAMBULATORY | First Name: TESTTWELVE

Middle Name: ORTHO | Preferred First Name: | What was you sex assigned at birth... Female

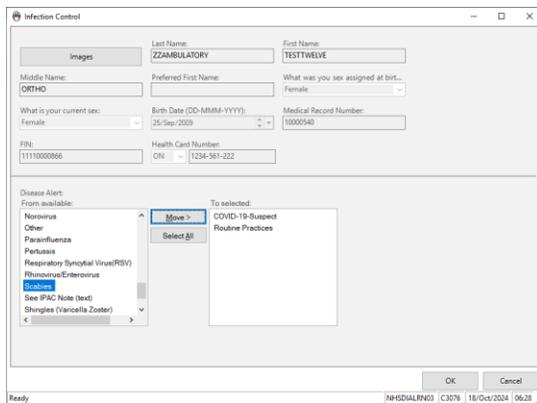
What is your current sex: Female | Birth Date (DD-MMM-YYYY): 25-Sep-2009 | Medical Record Number: 10000540

FIN: 1111000866 | Health Card Number: ON | 1234-561-222

Disease Alert:

Ready | NHSDIALRN03 | C3076 | 18/Oct/2024 | 06:27

A list of available disease alerts will display. Move the applicable alerts to the Selected side.



**Infection Control**

Images | Last Name: ZZAMBULATORY | First Name: TESTTWELVE

Middle Name: ORTHO | Preferred First Name: | What was you sex assigned at birth... Female

What is your current sex: Female | Birth Date (DD-MMM-YYYY): 25-Sep-2009 | Medical Record Number: 10000540

FIN: 1111000866 | Health Card Number: ON | 1234-561-222

Disease Alert:

From available: Norovirus, Other, Parainfluenza, Pertussis, Respiratory Syncytial Virus(RSV), **Rhinovirus/Enterovirus**, See IPAC Note (text), Shingles (Varicella Zoster)

To selected: COVID-19-Suspect, Routine Practices

Move > | Select All

Ready | NHSDIALRN03 | C3076 | 18/Oct/2024 | 06:28

Click **OK** and refresh. The Alerts for this patient now displays in the Blue Banner Bar.



**ZZAMBULATORY, TESTTWELVE ORTHO**

**ZZAMBULATORY, TESTTWELVE ORTHO**  
Admin Sex:Female  
\*Code Status: <No Data Available>

MRN:10000540  
DOB:25/Sep/2009  
Isolation:Contact, Droplet/Contact

Allergies: penicillin  
Age:15 years  
Alerts: COVID-19-Suspect, Routine Practices

Attending:Corner Test, Physician - Orthopaedic Surgeon  
Dose Wt: <No Data Available>  
Outpatient FIN: 1111000866 [Visit Dt: 2023-Sep-14 09:22]