

SHIELD QAPI Program: Resident Plan of Care



DATE	#	PROBLEM/NEED	RESIDENT GOALS	REVIEW DATE	TARGET DATE	APPROACH PLAN	DISC
		At risk for infection during nursing home stay.	<input type="checkbox"/> Resident will not have infection during home stay <input type="checkbox"/> Resident/Resident representative will be informed of QAPI and infection control program			<input type="checkbox"/> Ensure that resident is informed of QAPI Infection Prevention program (SHIELD) & that informational letter is explained upon admission and with completion of admission packet <input type="checkbox"/> Begin decolonization on admission to remove germs as soon as possible <input type="checkbox"/> Use Chlorhexidine (CHG) for all bathing/showering needs for resident <input type="checkbox"/> Use 2% no rinse CHG cloths for bed baths or 4% rinse-off liquid CHG for showers <input type="checkbox"/> Use CHG for regular baths during resident's entire nursing home stay, unless allergic or resident/resident representative opts to use own soap <input type="checkbox"/> Apply CHG to lines, tubes, drains, and over non-gauze dressings. <input type="checkbox"/> Use on superficial wounds and rashes to remove germs. <input type="checkbox"/> Do not get CHG into eyes or ears <input type="checkbox"/> Do not wipe off after applying CHG cloths. Let it fully air dry. <input type="checkbox"/> Do not apply dressings when skin is sticky. Wait until fully dry. <input type="checkbox"/> Apply nasal iodophor 10% antiseptic single swab to each nostril two times a day for 5 days on admission AND two times a day every other week M-F per facility schedule, unless allergic or resident/resident representative opts out <input type="checkbox"/> Report any side effects to CHG and/or nasal iodophor to MD	

RESIDENT NAME: _____ **ROOM:** _____
ATTENDING MD: _____

