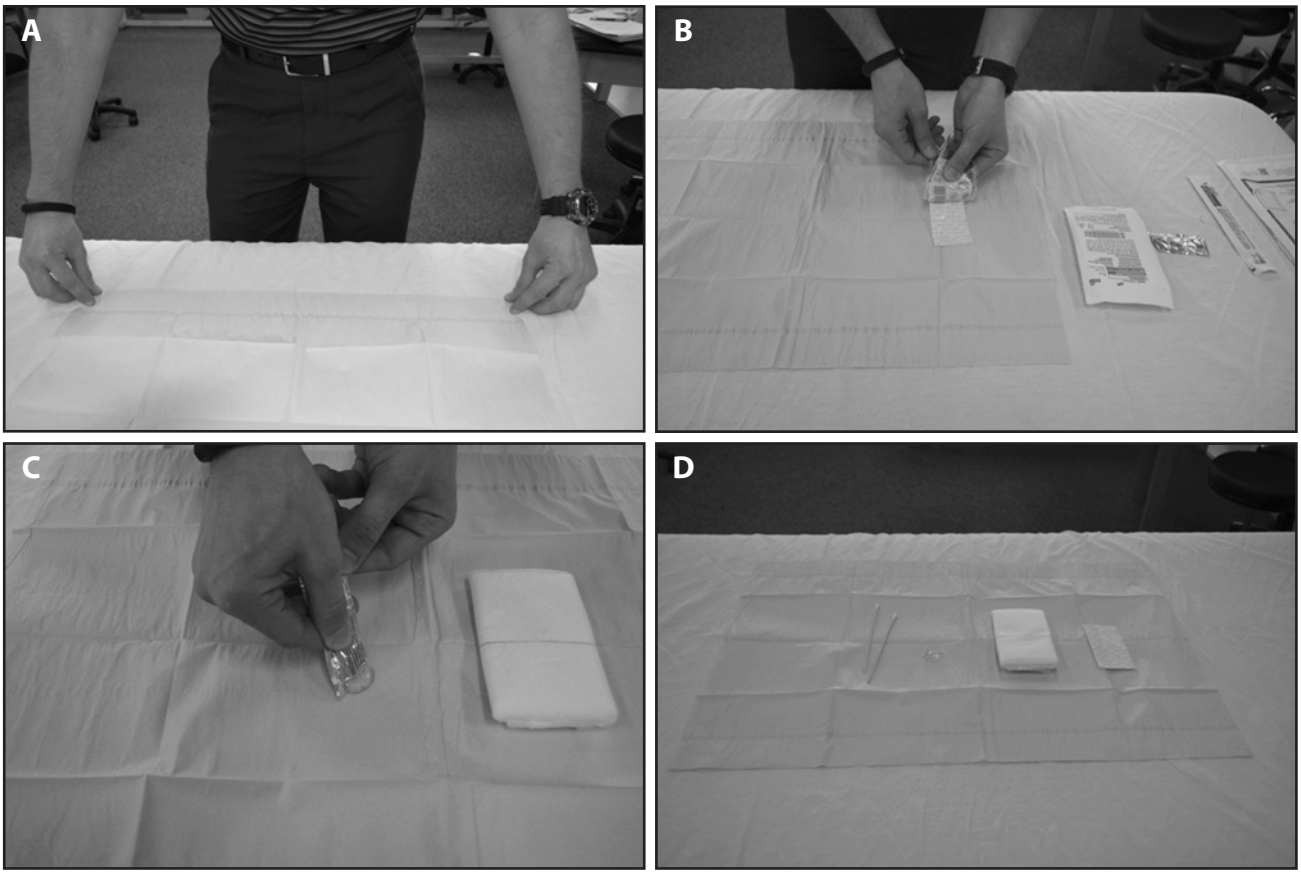

Figure 5-2. Steps for setting up a sterile field.

Droplet

Droplet isolation is required for patients with pneumonia, influenza, whooping cough, or bacterial meningitis.[10] These are all examples of infections that are spread in droplets caused by sneezing or coughing. Health care workers are required to wear a mask while in the room, which should be discarded after leaving the room.[11] Hands should be washed or sanitized before entering and after leaving the room.

Airborne

Patients with tuberculosis and measles are put in airborne isolation rooms.[10] These are examples of infections that are spread through the air from one person to another. The patients will be placed in a negative air pressure room (where the air is sucked outside the building rather than redistributed in the air ducts) and the door should remain shut. Health care workers will need to be fitted for a National Institute for Occupational Safety and Health–approved N95 or higher level respirator to wear while in the patient's room.[11] The mask, as well as other PPE worn in the room, must be removed when leaving the room. Health care workers should also wash or sanitize hands before entering and after leaving the patient's room. The patient should wear a mask if he or she must leave the room, and visitors will also need to wear a mask.

Airborne Plus Contact

Patients with chickenpox, smallpox, or disseminated herpes zoster (in immunocompromised patients) fall in this combination category. Patients must be in a private room with negative airflow and the door closed, and an N95 mask is also required. Gown and gloves are required and the patient should have minimal transportation. If the patient must be transported, he or she must wear a mask.

Sterile Field

Physical therapists, and often physical therapist assistants, play a role in wound care. When physical therapists do play a role, they are often required to set up a sterile field. A sterile field is a site for placing all the equipment and supplies needed for wound care and dressings. By definition, the field and the objects on it should remain sterile, meaning that several rules and procedures must be followed. Figure 5-2 depicts setting up a sterile field, and Box 5-3 includes setup guidelines for a sterile field.

First, consider the room in which you will be doing the wound care. If the room has many people—patients and clinicians—passing through, the field may not remain sterile. It may be best to select a private treatment room, or a place where a curtain can be drawn, to decrease the likelihood of cross-contamination.