





Evidence Summary Table

Key Question: Does isolation and other IC practices have any negative affects on patients/residents/clients

Ref. List # Author/Year ID#	Participants, Intervention (or exposure), Methods and Outcome Measures	Results	Conclusions and Comments: Strength of Design, Quality and Directness of Evidence
Gammon, J. 1999 Summary, (almost systematic) Journal of Clinical Nursing	Review of 61 studies, several in detail. Some studies are phenomenological in nature. Actual statements of patients quoted.  Adobe Acrobat Document	All studies but one suggest some negative consequence from isolation. (one study concluded that it was the diagnosis, not the isolation that caused anxiety in pts. 2 studies explore ways to reduce the detrimental effects (eg. Family support, room design)	Isolation seems to contribute to feelings of anxiety and depression. Review design not strong but discussion of literature quite thorough
Catalano, G., Houston, S., Catalano, M., et al. 2003 Cohort Study Southern Medical journal	51 patients completed baseline and 1 week follow-up surveys 21 patients completed baseline surveys 1 week and 2 week follow-Hamilton Anxiety Rating Scale and Depression Rating Scale used Pre-existing mental health conditions controlled for  Adobe Acrobat Document	Scores increased for isolated patients within 1 week and continued to climb on week 2 Scores decreased on patients not isolated within week 1 and continued to decrease week 2 P=<0.001 Small sample size No control for illness severity	Med quality Mod. Design Directness of evidence Isolation does seem to contribute to anxiety and depression

Ref. List # Author/Year ID#	Participants, Intervention (or exposure), Methods and Outcome Measures	Results	Conclusions and Comments: Strength of Design, Quality and Directness of Evidence
Saint, S., Higgins, L., Nallamotheu, B., et al 2003 AJIC Prospective co- hort	1 researcher observed behaviours of physicians during grand rounds. Observations divided into senior residents and attending physicians and whether a physical exam was given to patients in and out of isolation  Adobe Acrobat Document	No change in behaviour residents for those in isolation. Pts. 1/2 as likely to have physical exam from attending physicians. RR 0.49; 95% confidence interval, 0.30-0.79; $P < .001$ No control for variations of illness severity	Med. quality Directness of evidence Moderate design
Stelfox, H., Bates, D., Redelmeier, D. 2004 JAMA Case/control	150 patients on contact isolation and 300 patients not on isolation. Chart reviews, HR depts.. for complaints  Adobe Acrobat Document	isolated patients were 8 times more likely than control patients to experience supportive care failures such as falls, pressure ulcers, and fluid or electrolyte disorders. Isolated patients were also more likely to formally complain to the hospital about their care than control patients (8% vs 1%; $P_{.001}$), to have their vital signs not recorded as ordered (51% vs 31%; $P_{.001}$), and more likely to have days with no physician progress note (26% vs 13%; $P_{.001}$).	Quality – high Directness of evidence Design Mod

Text Summary For Key Question

Recommendation:

Isolation of patients/residents/clients increases risk for adverse events and contributes to feelings of anxiety and depression.

Isolation or segregation of patients/residents/clients should be kept to as short time period as possible. Strategies to minimise negative effects of isolation and ensure individuals at risk receive adequate attention should be used by health care workers.

Evidence Grade: B11

Rationale for evidence grade rating:

Direct evidence from multiple moderate-design studies of high quality with consistently of results