Social Isolation

Setting: **Inpatient**   Population: **Adult**

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Clinical Description

Care of the hospitalized patient experiencing inability to interact with others either through individual reluctance or because of medical necessity.

Key Information

- Socially isolated people are more likely to develop physical and mental health issues.
- Isolation from support system can cause significant distress and increased risk for suicidal thoughts.
- Research has shown that time spent by healthcare professionals in direct patient care is either less frequent or shorter with patients in isolation, which may perpetuate or augment an existing social isolation problem.
- Medically required isolation is an artificial environment which imposes a loss of or limited autonomy, in addition to limited contact with others.

Clinical Goals

By transition of care

A. The patient will demonstrate achievement of the following goals:

- Social Connection Supported

B. Patient, family or significant other will teach back or demonstrate education topics and points:

- Education: Overview
- Education: Self Management
- Education: When to Seek Medical Attention

Correlate Health Status

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Correlate health status to:

- history, comorbidity
- age, developmental level
- sex, gender identity
- baseline assessment data
- physiologic status
- response to medication and interventions
- psychosocial status, social determinants of health
- barriers to accessing care and services
- health literacy
- cultural and spiritual preferences
- safety risks
- family interaction
- plan for transition of care

Social Isolation

Signs/Symptoms/Presentation

- anxiety
- depressed affect
- developmentally inappropriate behavior
- hopelessness
- irritability
- lack of social support/resources
- reports social insecurity
- sadness
- social withdrawal

Problem Intervention(s)

Promote Feelings of Connectedness

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- Promote environment conducive to social interaction (e.g., window to outside, open curtains, telephone, Internet, television, social media access).
- Evaluate need for language resources (e.g., interpreter, radio, television programs).
- Prioritize activities and offer choices that allow control and meet personal goals for socialization.
- Encourage family/support system to actively participate in care; adjust care schedule to maximize family or visitor time.
- Offer diversional activity, such as pet therapy, art therapy, group activities, volunteer visits, online group games or activities.
- Provide opportunities for expression of feelings, thoughts and stressors to assist with coping.
- Identify and encourage use of coping strategies for managing illness-associated isolation (e.g., meditation, belief system, self-reflection).
- Encourage development of new active interests such as keeping a journal, and coping skills such as reframing, focus on time-limited nature of situation and future plans.
- Promote consistent caregivers; provide frequent interaction.
- Assess and monitor for signs and symptoms of anxiety and depression.

Associated Documentation

- Complementary Therapy
- Supportive Measures

General Education

- admission, transition of care
- orientation to care setting, routine
- advance care planning
- diagnostic tests/procedures
- opioid medication management
- oral health
- medication management
- pain assessment process
- safe medication disposal
- tobacco use, smoke exposure

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- treatment plan

Safety Education

- call light use
- equipment/home supplies
- fall prevention
- harm prevention
- infection prevention
- MDRO (multidrug-resistant organism) care
- personal health information
- resources for support

Education: Overview

- risk factors
- signs/symptoms

Education: Self Management

- resources for support
- social interaction

Education: When to Seek Medical Attention

- unresolved/worsening symptoms

Population-Specific Considerations

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Population-Specific Considerations

- Older adults are more likely to experience social isolation.

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