

# Social Isolation

Setting: **Inpatient**      Population: **Pediatric**

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## Clinical Description

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

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## Key Information

- Children placed in medically required isolation often feel they are being punished.
  - 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.
  - Isolation from support system can cause significant distress and increased risk for suicidal thoughts.
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## 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
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## Correlate Health Status

Correlate health status to:

- history, comorbidity, congenital anomaly
  - 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
  - child and family/caregiver:
    - health literacy
    - cultural and spiritual preferences
  - safety risks
  - family interaction
  - plan for transition of care
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## Social Isolation

### Signs/Symptoms/Presentation

- anxiety
- depressed affect
- developmentally inappropriate behavior
- feels different from others
- hopelessness
- irritability
- reluctance to participate in activity
- reports social insecurity
- sadness
- social withdrawal

### Problem Intervention(s)

#### Promote Feelings of Connectedness

- Promote environment conducive to social interaction when possible (e.g., window to outside, open curtains, telephone, television, Internet, radio, familiar toys).
- Evaluate need for language resources (e.g., interpreter, radio, television programs).
- Prioritize activities and offer choices that allow control and meet child and family goals for connectedness.
- Encourage family/support system to actively participate in care; adjust care schedule to maximize family or visitor time.
- Offer diversional activity, such as play, pet therapy, art therapy, peer group activities, volunteer visits or online 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., familiar rituals, personal routines, spiritual activity).
- 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 meaningful stimulation and interaction.
- Model appropriate social interaction; provide positive reinforcement and coaching.

### Associated Documentation

- Complementary Therapy
  - Supportive Measures
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## 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
  - treatment plan
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## 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
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## Education: Overview

- risk factors
  - signs/symptoms
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## Education: Self Management

- resources for support
  - social interaction
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## Education: When to Seek Medical Attention

- unresolved/worsening symptoms
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