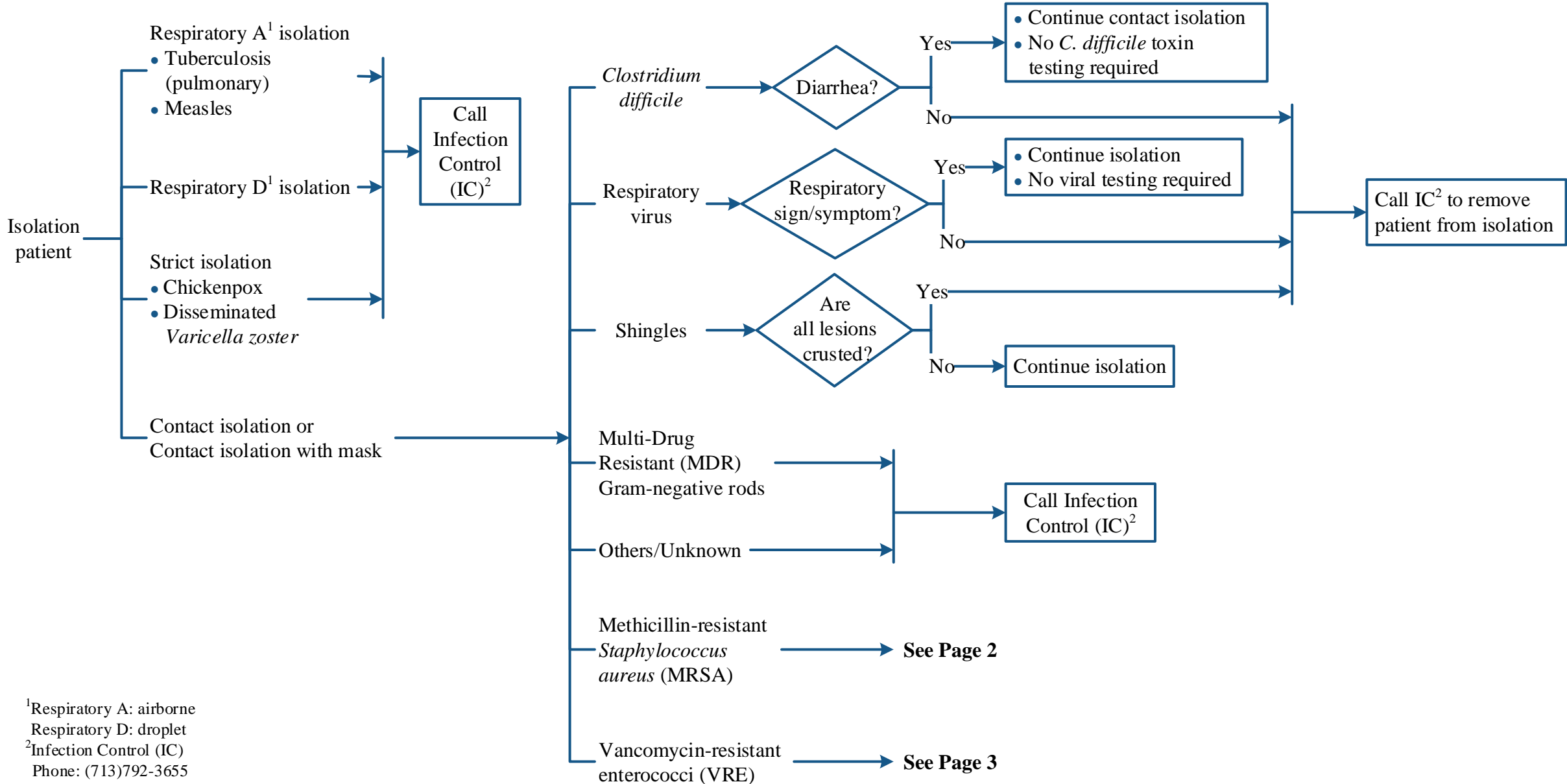


This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

## ASSESSMENT

## EVALUATION

## INTERVENTION

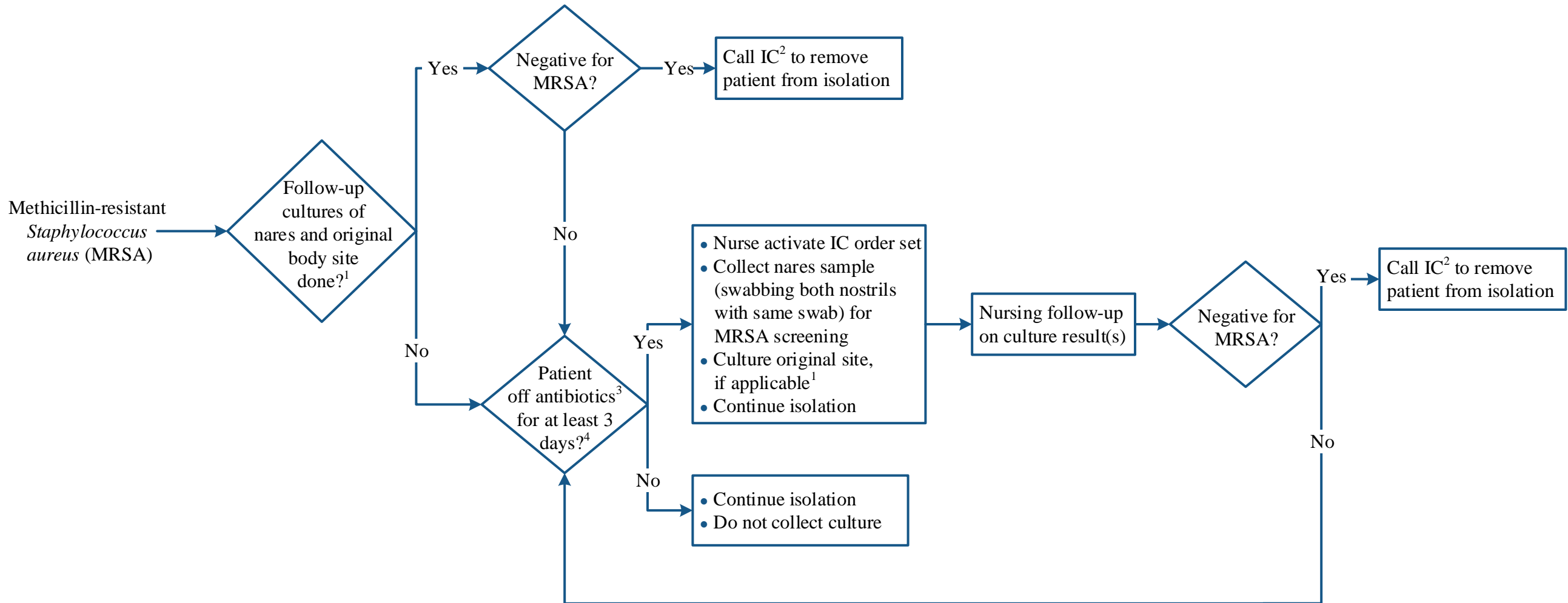


<sup>1</sup>Respiratory A: airborne  
 Respiratory D: droplet

<sup>2</sup>Infection Control (IC)  
 Phone: (713)792-3655

Email: INFECTIONCONTROL@mdanderson.org

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<sup>1</sup>Re-collection not required for sterile sources, blood, difficult to recollect specimens (e.g., bronchial wash, FNA), or healed wounds. Call Infection Control if you have questions.

<sup>2</sup>Infection Control (IC)

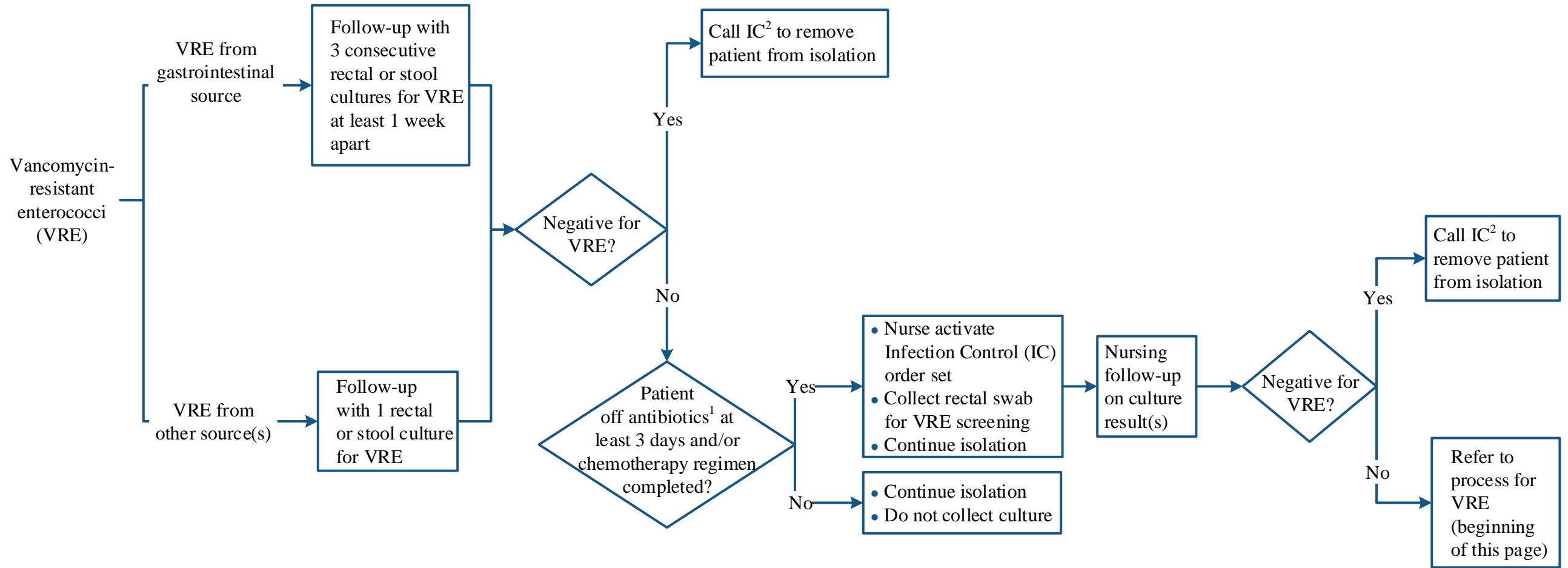
Phone: (713)792-3655

Email: INFECTIONCONTROL@mdanderson.org

<sup>3</sup>Any antibiotic given on a daily basis

<sup>4</sup>Do not re-culture more than every 14 days

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## SUGGESTED READINGS

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. (June 2007). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

UTMDACC; Isolation Policy #CLN0432.

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## DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Infection Control work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following medical, radiation and surgical oncologists.

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