

## The Children's Inn at NIH Isolation Room Request Form

This form is to be completed by the medical team. The form can be submitted on The Children's Inn website at [www.childreinn.org](http://www.childreinn.org) or via fax 301-496-4421. Once the form is received The Inn will review the request for room availability. Once availability is determined The Inn will submit the form to the Hospital Epidemiology Service for approval. The approval process can take 24-48 hours to complete, longer if the request is submitted on a weekend.

\_\_\_\_\_ (Name) is a patient enrolled in a clinical trial at the NIH at \_\_\_\_\_ (Institute) for the treatment of \_\_\_\_\_ (Disease). This patient tested positive for (Infection/Organism)  C. difficile,  ESBL's,  MRSA, or,  VRE on \_\_\_\_\_ (Date), which requires him/her to be on contact isolation. The clinical contact person for this patient is \_\_\_\_\_ (Name) at \_\_\_\_\_ (Phone).

### Requested reservation dates:

Check -in: \_\_\_\_\_ Check-out: \_\_\_\_\_

### Compliance

To the best of my knowledge, this family is able to comply with The Inn's strict isolation requirements.

### Patient notification:

This patient was educated about their isolation status on \_\_\_\_\_ (Date) and a note has been added to CRIS by \_\_\_\_\_ (Name of medical team representative) on \_\_\_\_\_ (Date).



The **Children's Inn** at NIH

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**Medical Team Approval:**

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Clinical Center Epidemiology Approval:**

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**TCI Approval:**

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Children's Inn Staff to complete**

Date Received \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Medical team notified on: \_\_\_\_\_

Approved  Denied  Waitlist