



INFECTION CONTROL TRANSFER FORM

This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix patient label here

Demographics

Patient/Resident (Last Name, First Name):

Date of Birth:

MRN:

Transfer Date:

Sending Facility Name:

Contact Name:

Contact Phone:

Receiving Facility Name:

Current suspected/confirmed COVID-19 outbreak at sending facility?

Yes

No

Is this patient/resident a suspected/confirmed COVID-19 case?

Yes

No

Precautions and PPE



Currently in Isolation Precautions? Yes

If Yes, check: Contact Droplet
 Airborne Other:

No isolation precautions (currently)

PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS



CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY

Organisms

If the patient currently or in the past had a culture positive for a multi-drug resistant (MDR) organism or other organism of significance to infection control/prevention, indicate organism details below and send culture report with susceptibilities to receiving facility.

Methicillin-resistant *Staphylococcus aureus* (MRSA) ‡

Vancomycin-resistant *Enterococcus* (VRE) ‡

MDR *Acinetobacter* species, resistant to carbapenem antibiotic(s) ‡

MDR _____ resistant to carbapenem antibiotic(s) without carbapenemase production (non-CP-CRE) ‡
(organism name)

Carbapenemase-producing _____ resistant to carbapenem antibiotic(s) (CP-CRE) #
(organism name)

Enterobacteriaceae † resistant to expanded-spectrum beta-lactam antibiotics (ESBL) ‡

Clostridium difficile (C. diff)

Other (identify) ^:

(current or ruling out*)

No known MDR organism or communicable diseases

*Additional information if known:

Symptoms/Risk Factors for Transmission

Check yes to any that currently apply**:

Cough/uncontrolled respiratory secretions

Incontinent of urine

Vomiting

Concerning rash (e.g., vesicular)

Acute diarrhea or incontinent of stool

Draining wounds

Other uncontained bodily fluid/drainage

**NOTE: Appropriate PPE required if incontinent/drainage/rash NOT contained.

No Symptoms requiring additional PPE

Other MDRO Risk Factors

Is the patient currently on antibiotics? Yes No

Antibiotic:

Dose, Frequency:

Treatment for:

Start date:

Stop date:

Does the patient currently have any of the following devices? Yes No

Tracheostomy/Endotracheal tube

Central line/PICC, Date inserted:

Urinary catheter, Date inserted:

Suprapubic catheter

Percutaneous gastrostomy tube

Hemodialysis catheter

Colostomy

Rectal tube

†includes *E.coli*, *Enterobacter*, *Klebsiella*, *Proteus*, *Serratia*, *Citrobacter* and others

#MDRO infection prevention precautions: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html>

#Intensified MDRO Control Efforts: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/table3-2-intensified-control.html>

^e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB