



# 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

<b>Patient/Resident (Last Name, First Name):</b>		
<b>Date of Birth:</b>	<b>MRN:</b>	<b>Transfer Date:</b>
<b>Sending Facility Name:</b>		
<b>Contact Name:</b>	<b>Contact Phone:</b>	
<b>Receiving Facility Name:</b>		

## Precautions and PPE

 <b>Currently in Isolation Precautions?</b> <input type="checkbox"/> Yes <b>If Yes, check:</b> <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other:	<b>PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS</b>    <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY		
	<input type="checkbox"/> No isolation precautions (currently)		

## 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 <i>Staphylococcus aureus</i> (MRSA)‡	<input type="checkbox"/>	<input type="checkbox"/> No known MDR organism or communicable diseases
Vancomycin-resistant <i>Enterococcus</i> (VRE)‡	<input type="checkbox"/>	
MDR <i>Acinetobacter</i> species, resistant to carbapenem antibiotic(s) ‡	<input type="checkbox"/>	
MDR _____ resistant to carbapenem antibiotic(s) without carbapenemase production (non-CP-CRE)‡ <small>(organism name)</small>	<input type="checkbox"/>	
Carbapenemase-producing _____ resistant to carbapenem antibiotic(s) (CP-CRE)# <small>(organism name)</small>	<input type="checkbox"/>	
<i>Enterobacteriaceae</i> † resistant to expanded-spectrum beta-lactam antibiotics (ESBL)‡	<input type="checkbox"/>	
<i>Clostridium difficile</i> (C. diff)	<input type="checkbox"/>	
Other (identify) ^:	<input type="checkbox"/> (current or ruling out*)	

\*Additional information if known:

## Symptoms/Risk Factors for Transmission

<b>Check yes to any that currently apply**:</b> <input type="checkbox"/> Concerning rash (e.g., vesicular) <input type="checkbox"/> Cough/uncontrolled respiratory secretions <input type="checkbox"/> Acute diarrhea or incontinent of stool <input type="checkbox"/> Incontinent of urine <input type="checkbox"/> Draining wounds <input type="checkbox"/> Vomiting <input type="checkbox"/> Other uncontained bodily fluid/drainage <b>**NOTE: Appropriate PPE required if incontinent/drainage/rash NOT contained.</b>	<input type="checkbox"/> No Symptoms requiring additional PPE
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## 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

<input type="checkbox"/> Tracheostomy/Endotracheal tube	<input type="checkbox"/> Suprapubic catheter	<input type="checkbox"/> Colostomy
<input type="checkbox"/> Central line/PICC, Date inserted:	<input type="checkbox"/> Percutaneous gastrostomy tube	<input type="checkbox"/> Rectal tube
<input type="checkbox"/> Urinary catheter, Date inserted:	<input type="checkbox"/> Hemodialysis catheter	

†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