



INFECTION CONTROL TRANSFER FORM

This form should be sent with the patient/resident upon transfer.

Affix patient label here

Demographics

Patient/Resident (Last Name, First Name):

Date of Birth:

Transfer Date:

Sending Facility Name:

Current/Suspected Outbreak? Yes No If yes, specify type of outbreak:

Contact Name:

Contact Phone:

Receiving Facility Name:

Precautions and PPE



Currently in Isolation Precautions? Yes No

If Yes, check:

- Contact Droplet
 Airborne Enhanced Standard*

PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS
CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY

- Masks Gloves Gowns N95
 PAPR Eye Protection

Organisms

ORGANISMS (Include copy of lab results with organism ID and antimicrobial susceptibilities.)

- Patient is **NOT** known to be colonized or infected with any multidrug-resistant or other organisms requiring precautions (*skip section*)
 Patient has MDRO or other lab results requiring precautions (record organism(s), specimen source, collection date)
 Exposed to MDRO/other (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> (C. auris)			
<input type="checkbox"/> <i>Clostridioides difficile</i> (C. diff)			
<input type="checkbox"/> <i>Acinetobacter baumannii</i> , multidrug-resistant (e.g., CRAB**)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE**)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA**)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> Positive molecular screening test, organism unknown**			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)			

**Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) 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

No Symptoms requiring additional PPE

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

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

- Tracheostomy/Endotracheal tube Suprapubic catheter Colostomy
 Central line/PICC, Date inserted: Percutaneous gastrostomy tube Rectal tube
 Urinary catheter, Date inserted: Hemodialysis catheter

*Enhanced Standard Precautions Guidelines

<https://acphd.org/cro/>