



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:		

Precautions and PPE

 Currently in Isolation Precautions? <input type="checkbox"/> Yes If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other:	PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS    <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

Check yes to any that currently apply**: <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 **NOTE: Appropriate PPE required if incontinent/drainage/rash NOT contained.	<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