

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.

Place any patient labels here

Demographics

Patient/resident (last name, first name): _____		
Date of birth: _____	MRN: _____	Transfer date: _____
Sending facility: _____		
Sending facility contact information: _____		
Receiving facility name: _____		
Verbal report given to (name/title): _____		
Currently in isolation precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Enhanced barrier (nursing homes only) <input type="checkbox"/> Other: _____		

Organisms

Does the patient/resident currently have an infection, colonization, or a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism? (Check all that apply and attach recent culture results if available)	Colonization or history (Check all that apply)	Active infection or treatment (Check all that apply)
Urgent MDRO threats (verbally communicate in addition to filling out this form)		
Carbapenem Resistant Organisms (CRO) Organism type: <input type="checkbox"/> <i>Acinetobacter</i> spp. resistant to carbapenems (CRA) (except ertapenem resistance) <input type="checkbox"/> Enterobacterales resistant to carbapenems (e.g. <i>E. coli</i> , <i>Klebsiella</i> spp., <i>Enterobacter</i> spp., or other Enterobacterales organism) (CRE) <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , resistant to carbapenems (except ertapenem) and resistant or intermediate to one of the three following antibiotics: ceftolozane/tazobactam, cefepime, ceftazidime Carbapenemase production (Common CP include: KPC, VIM, NDM, IMP, OXA): <input type="checkbox"/> Yes <input type="checkbox"/> No Pan-resistance (CRO organism is resistant or intermediate to all antibiotics tested): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
<i>Candida auris</i>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin- intermediate or resistant <i>Staphylococcus aureus</i> (VISA or VRSA)	<input type="checkbox"/>	<input type="checkbox"/>
Other active contagious infections (verbally communicate in addition to filling out this form)		
<i>C. difficile</i> infection (CDI)	N/A	<input type="checkbox"/>
Other transmissible infection (i.e., pulmonary TB, norovirus, flu, COVID, disseminated shingles) list here:	N/A	<input type="checkbox"/>
Serious MDRO threats		
Extended-Spectrum-Beta Lactamase (ESBL) – producing Enterobacterales	<input type="checkbox"/>	<input type="checkbox"/>
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin-resistant Enterococci (VRE)	<input type="checkbox"/>	<input type="checkbox"/>

Symptoms

Check yes to any that currently apply*: <input type="checkbox"/> Acute diarrhea or incontinent stool <input type="checkbox"/> Other uncontained bodily fluid/secretions <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent of urine <input type="checkbox"/> New or worsening cough <input type="checkbox"/> Concerning rash (e.g., vesicular)	<input type="checkbox"/> None of the listed symptoms
*NOTE: Enhanced barrier precautions are not sufficient if acute diarrhea or uncontained bodily fluids/secretions are present.	

Other MDRO risk factors

Does the patient/resident have any indwelling medical devices (e.g. tracheostomy, central lines, urinary catheters, feeding tubes)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient/resident have any chronic open wounds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person completing form: _____ Role: _____ Date: _____