INTER-FACILITY INFECTION PREVENTION TRANSFER FORM

This form must be completed for transfer of a patient to the receiving facility. Information should be communicated prior to and during the transfer.

Affix patient label here or complete patient information below.

Patient Name:

DOB: MRN:

TRANSFER INFORMATION

Transfer Date:

Sending Facility Name, City/State:

Sending Facility Point of Contact and Phone Number (for follow up questions):

Receiving Facility Name, City/State:

ISOLATION STATUS

Currently in Isolation? ☐ Yes   ☐ No (standard precautions only)
If Yes, Check Type(s) of Isolation:

☐ Contact   ☐ Contact plus Hand Hygiene with Soap/Water   ☐ Droplet   ☐ Airborne

SIGNIFICANT INFECTIOUS DISEASE HISTORY

Does the patient have a history of any known MDRO or infectious disease? ☐ Yes   ☐ No
If Yes, check box(es) below and provide supporting lab reports and antimicrobial susceptibility results, if available.

☐ *Acinetobacter*, multidrug-resistant (MDR-A)

☐ *Candida auris*

☐ Carbapenem-resistant Enterobacteriaceae (CRE)

☐ Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)

☐ *Clostridoides difficile* (C. diff.)

☐ Extended Spectrum β-lactamase (ESBL)

☐ Influenza or Influenza-like illness (ILI)

☐ Methicillin-resistant *Staphylococcus aureus* (MRSA)

☐ *Mycobacterium tuberculosis* (TB)

☐ Vancomycin-resistant *Enterococcus* (VRE)

☐ Other: (example: pertussis)

SIGNS AND SYMPTOMS

Check all that **currently** apply:

☐ Incontinent of urine   ☐ Draining wounds   ☐ Vomiting   ☐ Rash (e.g., vesicular)

☐ Acute diarrhea or incontinent of stool   ☐ Cough/uncontrolled respiratory secretions   ☐ Other uncontained body fluids/drainage   ☐ Other (specify):

OTHER RISK FACTORS

Does the patient currently have any of the following devices? ☐ Yes (check all that apply) ☐ No

☐ Central line/PICC   ☐ Hemodialysis Catheter   ☐ Urinary Catheter   ☐ Suprapubic catheter
☐ Nasogastric/PEG tube   ☐ Tracheostomy   ☐ Fecal management system   ☐ Ventilator/Intubated
☐ Other (specify):

Cultures pending? ☐ Yes, date collected: ☐ No

ATTACH MEDICAL ADMINISTRATION RECORD (MAR)

Additional Comments: