Inter-facility Infection Control Transfer Form

This form should be filled out for transfer to accepting facility with information communicated prior to or with transfer Please attach copies of latest culture reports with susceptibilities if available

Sending Healthcare Facility:											
Patient/Resident Last Name				Date of	n e		Medical Record Number				
<u> </u>											
Name/Address of Sending Facility				Sending Unit				Sending Facility phone			
Sending Facility Contacts	NAME			PHONE		E-mail					
Case Manager/Admin/SW											
Infection Prevention											
Is the patient currently in isolation? □ NO □ YES Type of Isolation (check all that apply) □ Contact □ Droplet □ Airborne □ Other: □											
Does patient currently have an infection, colonization OR a history							Colonization Active			Culture Site	
of positive culture of a multidrug-resistant organism (MDRO) or						•		Infection on			
other organism of epidemiological significance?						- · · · · · · · · · · · · · · · · · · ·		Treatment			
Mali di anciente de la		(Check if	YES							
Methicillin-resistant Staphylo											
Vancomycin-resistant Enterod											
Clostridium difficile											
Acinetobacter, multidrug-resi											
E coli, Klebsiella, Proteus etc. w/Extended Spectrum B-Lactamase (ESBL)											
Carbapenemase resistant Enterobacteriaceae (CRE)											
Other:											
Does the patient/resident currently have any of the following? □ Cough or requires suctioning □ Central line/PICC (Approx. date inserted/) □ Diarrhea □ Hemodialysis catheter □ Vomiting □ Urinary catheter (Approx. date inserted/) □ Incontinent of urine or stool □ Suprapubic catheter □ Open wounds or wounds requiring dressing change □ Percutaneous gastrostomy tube □ Drainage (source) □ Tracheostomy											
Antibiotic history during current hospitalization or within past 30 day Antibiotic and dose Treatment for:						s?		YES	Antioir	pated stop date	
Andbiout and dost			1 Teatment 10			Start	Alluc		Anucij	space stop date	
	Date ad (If knov	lministered wn)				ear administered f exact date not nown)		Does patient self report receiving vaccine?			
Influenza (seasonal)								O yes		O no	
Pneumococcal Tdap								O yes		O no	
Other:								O yes		O no	
- 3										1 - 110	
completing form								and pl		d prior to f individual at	