

INTER-FACILITY INFECTION CONTROL TRANSFER FORM FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES USING ARRA FUNDS

This example Inter-facility Infection Control transfer form is being sent to state health departments for use in your Prevention Collaborative facilities to assist in fostering communication during transitions of care. This concept and draft was developed by the Utah Healthcare—associated Infection (HAI) working group and shared with Centers for Disease Control and Prevention (CDC) and state partners courtesy of the Utah State Department of Health.

This tool can be modified and adapted by states for use by participating facilities engaged in Prevention Collaborative activities. In particular, this could be a communication resource for identifying infection control/HAI issues relevant to non-acute care settings such as long-term care facilities at the time of transfer from the acute care setting.

If you have any questions or suggestions, please feel free to contact your CDC Prevention Liaison or Public Health Analyst.



Inter-facility Infection Control Transfer Form

This form must 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

Patient/Resident Last Name	Sending Healthcare Facility:											
Sending Facility Contacts			First Name		Date of Birth		Medical Record Number					
Sending Facility Contacts					//							
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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:	Traine/Address of Sending	racinty		Sending Unit Sendin			g Facility phone					
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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:	Sending Facility Contacts	NAME		PH	ONE	Е	E-mail					
Is the patient currently in isolation?												
Does patient currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other organism of epidemiological significance?	Infection Prevention											
a multidrug-resistant organism (MDRO) or other organism of epidemiological significance? Methicillin-resistant Staphylococcus aureus (MRSA) Vancomycin-resistant Enterococcus (VRE) Clostridium difficile Acinetobacter, multidrug-resistant* 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 Diarrhea Hemodialysis catheter Vomiting Urinary catheter (Approx. date inserted/) Incontinent of urine or stool Open wounds or wounds requiring dressing change Drainage (source) Tracheostomy Is the patient/resident currently on antibiotics? NO YES: Antibiotic and dose Treatment for: Start date Anticipated stop date Vaccine Date administered (If known) Location design contents and brand (If known) Vaccine Does Patient self report receiving vaccine?	Type of Isolation (ch	eck all tha	nt apply)	□ Contact □ D	-							
Significance? Check if YES Check if YES						ture of						
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Printed Name of Person	Signature	Date	If information communicated prior to transfer: Name and
completing form			phone of individual at receiving facility

yes

yes

0

no

no

0

Pneumococcal

Other: