# Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives

Available from: https://www.cdc.gov/hai/prevent/prevention_tools.html

This example Inter-facility Infection Control patient transfer form can 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 facilities and other quality improvement groups engaged in patient safety activities.

# 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.**

**Sending Healthcare Facility:**

| Patient/Resident Last Name | First Name | Date of Birth | Medical Record Number |
|---|---|---|---|
| | | | |

| Name/Address of Sending Facility | Sending Unit | Sending Facility Phone |
|---|---|---|
| | | |

| Sending Facility Contacts | Contact Name | Phone | E-mail |
|---|---|---|---|
| Transferring RN/Unit | | | |
| Transferring physician | | | |
| Case Manager/Admin/SW | | | |
| Infection Preventionist | | | |

| **Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?** | **Colonization or history** (*Check if YES*) | **Active infection on Treatment** (*Check if YES*) |
|---|---|---|
| Methicillin-resistant *Staphylococcus aureus* (MRSA) | ☐ Yes | ☐ Yes |
| Vancomycin-resistant *Enterococcus* (VRE) | ☐ Yes | ☐ Yes |
| *Clostridioides difficile* | ☐ Yes | ☐ Yes |
| *Acinetobacter*, multidrug-resistant | ☐ Yes | ☐ Yes |
| Enterobacteriaceae (e.g., *E. coli, Klebsiella, Proteus*) producing-Extended Spectrum Beta-Lactamase (ESBL) | ☐ Yes | ☐ Yes |
| Carbapenem-resistant Enterobacteriaceae (CRE) | ☐ Yes | ☐ Yes |
| *Pseudomonas aeruginosa*, multidrug-resistant | ☐ Yes | ☐ Yes |
| *Candida auris* | ☐ Yes | ☐ Yes |
| Other, specify (e.g., lice, scabies, norovirus, influenza): | ☐ Yes | ☐ Yes |

**Does the person* currently have any of the following?** (Check here ☐ if none apply)

- ☐ Cough or requires suctioning
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Incontinent of urine or stool
- ☐ Open wounds or wounds requiring dressing change
- ☐ Drainage (source):
- ☐ Central line/PICC (Approx. date inserted )
- ☐ Hemodialysis catheter
- ☐ Urinary catheter (Approx. date inserted )
- ☐ Suprapubic catheter
- ☐ Percutaneous gastrostomy tube
- ☐ Tracheostomy

# Inter-facility Infection Control Transfer Form

**Is the person* currently in Transmission-Based Precautions?** NO YES

Type of Precautions (check all that apply) Contact Droplet Airborne

Other:

Reason for Precautions:

**Is the person* currently on antibiotics?** **NO** **YES (current use)**

| Antibiotic, dose, route, freq. | Treatment for: | Start date | Anticipated stop date | Date/time last dose |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| Vaccine | Date administered (If known) | Lot and Brand (If known) | Year administered (If exact date not known) | Does the person* self-report receiving vaccine? |
|---|---|---|---|---|
| Influenza (seasonal) | | | | Yes No |
| Pneumococcal (PPSV23) | | | | Yes No |
| Pneumococcal (PCV13) | | | | Yes No |
| Other: | | | | Yes No |

*Refers to patient or resident depending on transferring facility

**Name of staff completing form (print):**

**Signature:** **Date :**

***If information communicated prior to transfer:***

**Name of individual at receiving facility:**

**Phone of individual at receiving facility:**

SAVE PRINT