



Inter-facility Infection Control Transfer Form

(adapted from CDC by Clark County, WA)

Please attach copies of latest culture reports with susceptibilities if available

| Patient/Resident Last Name | First Name | Date of Birth |
|----------------------------|------------|---------------|
| | | |

Is the patient/resident currently on antibiotics? NO YES **DX:** _____

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 of a multidrug-resistant organism (MDRO)? | Colonization or history <i>Check if YES</i> | Active infection on Treatment <i>Check if YES</i> | Unknown |
|---|--|--|---------|
| 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?

- | | |
|--|--|
| <input type="checkbox"/> Cough or requires suctioning | <input type="checkbox"/> Central line/PICC |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hemodialysis catheter |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary catheter |
| <input type="checkbox"/> Incontinent of urine or stool | <input type="checkbox"/> Suprapubic catheter |
| <input type="checkbox"/> Open wounds or wounds requiring dressing change | <input type="checkbox"/> Percutaneous gastrostomy tube |
| <input type="checkbox"/> Drainage (source) _____ | <input type="checkbox"/> Tracheostomy |

| Printed Name of Person completing form | Signature | Date | If information communicated prior to transfer: Name and phone of individual at receiving facility |
|--|-----------|------|--|
| | | | |



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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Important:

Must Read

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