

## 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	First Name	2	Date of Birth		Medical Record Number	
T WOOD TO THE TOTAL PROPERTY OF THE TOTAL PR			/ /		1110010011110	
	·					
Name/Address of Sending Fa	cility	Sending U	Init	Sending	Facility phone	
Sending Facility Contacts	NAME		PHONE		E-mail	
Case Manager/Admin/SW						
Infection Prevention						
Does patient currently have	an infection, colon	nization OR a h	istory of positive cult	ure of	Colonization	Active infection
Does patient currently have a multidrug-resistant organ significance?				ure of	Colonization or history Check if YES	Active infection on Treatment Check if YES
a multidrug-resistant organ	ism (MDRO) or ot	her organism o		ure of	or history	on Treatment
a multidrug-resistant organ significance? Methicillin-resistant Staphy Vancomycin-resistant Enter	ism (MDRO) or ot	her organism o		ure of	or history	on Treatment
a multidrug-resistant organ significance? Methicillin-resistant Staphy Vancomycin-resistant Enter Clostridium difficile	vism (MDRO) or ot vlococcus aureus (M rococcus (VRE)	her organism o		ure of	or history	on Treatment
a multidrug-resistant organ significance? Methicillin-resistant Staphy Vancomycin-resistant Enter Clostridium difficile Acinetobacter, multidrug-re	ism (MDRO) or ot vlococcus aureus (N rococcus (VRE) esistant*	her organism o	f epidemiological	ure of	or history	on Treatment
a multidrug-resistant organ significance? Methicillin-resistant Staphy Vancomycin-resistant Enter Clostridium difficile Acinetobacter, multidrug-re E coli, Klebsiella, Proteus et	ism (MDRO) or ot vlococcus aureus (M rococcus (VRE) esistant* tc. w/Extended Spe	her organism o  ARSA)  ectrum B-Lacta	f epidemiological	ure of	or history	on Treatment
a multidrug-resistant organ significance? Methicillin-resistant Staphy Vancomycin-resistant Enter Clostridium difficile Acinetobacter, multidrug-re	ism (MDRO) or ot vlococcus aureus (M rococcus (VRE) esistant* tc. w/Extended Spe	her organism o  ARSA)  ectrum B-Lacta	f epidemiological	ure of	or history	on Treatment

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			
	NO VEG			

is the patient/resident currently on antibiotics? $\square$ NO $\square$ YES:					
Antibiotic and dose	Treatment for:	Start date	Anticipated stop date		

Vaccine	Date administered (If known)	Lot and Brand (If known)	Year administered (If exact date not known)	Does Patient sel receiving vaccin	
Influenza (seasonal)				o yes	o <b>no</b>
Pneumococcal				o yes	o <b>no</b>
Other:				o yes	o <b>no</b>

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