

Affix patient labels here.

HEALTH CARE FACILITY TRANSFER FORM

For all transfers to an admitting health care facility in **Sacramento County**.

PATIENT & FACILITY INFORMATION

Patient Name (Last, First):		
Date of Birth:	MRN:	Transfer Date:
Receiving Facility Name:		
Contact Name:	Contact Phone:	
Sending Facility Name:		
Contact Name:	Contact Phone:	

PRECAUTIONS

Patient currently on precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check all that apply: <input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Enhanced Standard*
Personal protective equipment (PPE) to consider at the receiving facility*: <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Mask <input type="checkbox"/> N95/PAPR <input type="checkbox"/> Eye Protection	

* Long-term care facilities may implement [Enhanced Standard Precautions](#) for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

ORGANISMS (Include copy of lab results with organism ID and antimicrobial susceptibilities.)

Does patient have multi-drug resistant organism (MDRO) or other lab results requiring precautions? <input type="checkbox"/> Yes (record organism(s), specimen source, collection date) <input type="checkbox"/> No <input type="checkbox"/> Exposed to MDRO/other (record organism(s) and last date(s) of exposure, if known)			
Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> (C. auris **)			
<input type="checkbox"/> <i>Clostridioides difficile</i> (C. diff)			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., CRAB **)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE **)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA **)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)			

** Note specific carbapenemase(s) (e.g., **IMP, KPC, NDM, OXA-23, OXA-48, OXA-237, VIM**), if known

CLINICAL STATUS

Patient currently has the following symptoms or clinical status (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cough/uncontrolled respiratory secretions | <input type="checkbox"/> Total dependence for activities of daily living § |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Rash consistent with an infectious process (e.g. vesicular) |
| <input type="checkbox"/> Acute diarrhea or incontinent stool § | <input type="checkbox"/> Draining wounds § |
| <input type="checkbox"/> Incontinent of urine § | <input type="checkbox"/> Other uncontained bodily fluid/drainage |
| | <input type="checkbox"/> None of the Above |

ANTIBIOTICS/ANTIFUNGALS

Is patient currently on antibiotics/systemic antifungals?

- Yes (specify below)** **No**

Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date

DEVICES §

Patient currently has the following devices (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Central line/PICC, Date inserted: _____ | <input type="checkbox"/> Wound VAC |
| <input type="checkbox"/> Hemodialysis catheter | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Fecal management system | <input type="checkbox"/> Urinary catheter, Date inserted: _____ |
| <input type="checkbox"/> Percutaneous gastrostomy feeding tube | <input type="checkbox"/> Suprapubic catheter |
| <input type="checkbox"/> Mechanical ventilation | <input type="checkbox"/> None of the Above |

§ Risk factors for MDRO transmission per [Enhanced Standard Precautions](#)

(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf>)