

HEALTH CARE FACILITY TRANSFER FORM

Affix patient labels here.

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:	
Facility Type: <input type="checkbox"/> ACH <input type="checkbox"/> LTACH <input type="checkbox"/> vSNF <input type="checkbox"/> SNF <input type="checkbox"/> Other: _____		

PRECAUTIONS

Patient currently on precautions?	If yes, check all that apply:
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Enhanced Standard*

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

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