Hospital to Post-Acute Care Facility Transfer - COVID-19 Assessment

INSTRUCTIONS: Hospitals are encouraged to use this form to document your assessment of the COVID-19 status of all hospitalized prior to transfer to a post-acute care facility. CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT’S STATUS:

Patient Name: ____________________________

Transferring Facility: ____________________________ Accepting Facility: ____________________________

Has patient been laboratory tested for COVID-19?
COVID-19 testing criteria for elderly/medically frail patients - Update 3/18/2020
- Patients age 65 and older or patients with serious underlying medical conditions AND
- Patient presents with new onset fever AND cough OR other respiratory signs including shortness of breath

- YES, Patient tested for COVID-19
  - Date of test ____________________________
  - What was the indication for testing?

- NO, Test NOT INDICATED per Centers for Disease Control (CDC) criteria. MAY TRANSFER

Exposure/Travel
- In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, exposed to a person who has been lab tested positive for COVID-19, is an immunocompromised person, or has been exposed to another person confirmed to have COVID-19.
  - Dates of travel ____________________________ Date(s) of exposure ____________________________

- YES
- NO/Not Applicable

Respiratory Signs/symptoms of a respiratory illness (cough, sneezing, fever >100, shortness of breath, sore throat).

- Positive test
- Negative test
- Results Pending

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

- YES
- NO/Not Applicable

Does patient meet criteria outlined in CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19?

- YES
- NO

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

- YES
- NO

SELF-QUARANTINE FOR 14 DAYS

MAY TRANSFER

MAY NOT TRANSFER UNLESS TRANSFER IS TO FACILITY EQUIPED TO MAINTAIN TRANSMISSION-BASED PRECAUTIONS

Clinical Assessment Completed by (print name) ____________________________ Date/Time ____________________________

Reported to (name of facility staff) ____________________________ Date/Time ____________________________

Provide copy of completed form to EMS/transport agency.

Form updated as of 3/23/20