

COVID-19 Patient Transfer Communication Tool for Hospitals and Skilled Nursing Facilities



This tool is for sending and receiving facilities to document a patient's medical status related to COVID-19. All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute facility.

Resident/Patient Name: _____

Transferring Facility: _____

Accepting Facility: _____

Date of Transfer: _____

Has the patient been laboratory tested for COVID-19?

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

NO, test was NOT INDICATED per CDC and/or DC Health testing criteria. May transfer.



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

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

Negative test

Positive test

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**

MAY NOT TRANSFER *

MAY TRANSFER

MAY NOT TRANSFER *

MAY NOT TRANSFER *

MAY TRANSFER

Clinical Assessment Completed by (signature) _____

Date/Time _____

Reported to (name of facility staff) _____

Date/Time _____



If you reached this point in your screening contact the appropriate representative to discuss patient history and facility status.