Inter-Facility Infection Prevention and Safety Form

Complete this form and send it with your facility transfer form to the receiving institution.
Attach copies of latest culture reports with susceptibilities, if available.

Sending Facility

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name of Sending Facility	Sending Unit	Sending Facility Phone Number

Is the patient/resident currently in transmission-based precautions? ☐ **YES** ☐ **NO**

If yes, check all that apply:

☐ Contact ☐ Contact Enteric ☐ Droplet
☐ Airborne Contact ☐ Airborne Respirator ☐ Special Precautions (Novel):

Does the patient/resident have MDROs or other organisms of infection control significance?

Significant Organisms	Colonization or History *Check if YES*	Active Infection, on Treatment *Check if YES*
Acinetobacter, multidrug-resistant	☐	☐
Carbapenem-resistant Organism (CRO)	☐	☐
Has the WA State Lab confirmed that CRO is Carbapenemase-producing?	☐	☐
Clostridium difficile	☐	☐
E coli, Klebsiella, Proteus etc. w/Extended Spectrum β-Lactamase (ESBL)	☐	☐
Methicillin-resistant Staphylococcus aureus (MRSA)	☐	☐
Vancomycin-resistant Enterococcus (VRE)	☐	☐
Other:	☐	☐

Has the patient/resident been treated *within the last 3 months* for an infestation/parasite?

☐ Bed Bugs ☐ Lice ☐ Scabies ☐ Other **Treatment Dates:**

Does the patient/resident currently have any of the following infection risks?

☐ Central line/PICC ☐ Hemodialysis catheter
☐ Open wounds or wounds requiring dressing change ☐ Urinary catheter (*Reason for catheter*):
☐ Diarrhea of unknown origin ☐ Suprapubic catheter
☐ Gastrostomy tube ☐ Tracheostomy
☐ Drainage (source)

Is the patient/resident currently on antibiotics? ☐ **YES** ☐ **NO**

If yes, attach patient's Medication Administration Record (MAR).

Vaccine	**Date administered** (or year administered if exact date not known)	**Does Patient self report receiving vaccine?**	
Influenza (seasonal)		☐ Yes	☐ No
Pneumococcal		☐ Yes	☐ No
Other:		☐ Yes	☐ No

Printed Name of Person completing form **Signature of Person completing form** **Date**

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

ANTIBIOTIC RESISTANCE Task Force

This form is based on forms developed by the
Utah State Department of Health and the Centers for Disease Control and Prevention (CDC)

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