**You may want to use some of the information below to add to your current transfer forms or to develop new forms for your facility.**

**Please note: this information can be used on your internal transfer/handoff forms**

**TRANSFERRING FACILITY**: Please send this completed form with the EMS transporters

**RECEIVING FACILITY**: Please provide completed form to your facility’s Infection Prevention & Control Program

 Use this form when transferring a hospitalized patient or long term care facility resident who is either *infected* or*colonized* with a multidrug-resistant organism (MDRO).

**MDRO examples:** methicillin-resistant *Staphylococcus aureus* **(MRSA)**, vancomycin-resistant Enterococci **(VRE)**, *Clostridium difficile* **(C.diff),** carbapenem-resistant *Enterobacteriaceae* **(CRE),** and other multidrug-resistant gram negative rods **(MDR-GNR)**. CRE include E. *coli*, *Enterobacter spp*., and *Klebsiella spp*. organisms which are resistant to carbapenem antibiotics.

**MDRO Information:  MRSA  VRE  C.diff CRE Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If CRE or other, list the name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of last documented positive culture for any MDRO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The patient/resident has an *active* infection with the above organism: Yes No Unknown**

**The patient/resident is *colonized* with the above organism: Yes No Unknown**

**Location of infection (i.e., body site): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The patient/resident is currently on antibiotics: Yes No Unknown**

**Name of current antibiotic/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are they to be continued: Yes\_\_\_\_ No\_\_\_\_\_\_\_**

**If yes, when are they to be discontinued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The patient/resident is currently on any precautions (isolation): Yes No Unknown**

**If yes, type of precaution: Contact Droplet Isolation Airborne Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Precautions started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all medical devices currently in place:**

* **Foley catheter NO YES If yes, date inserted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Suprapubic catheter NO YES If yes, date inserted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Peripheral intravenous catheter (IV) NO YES If yes, date inserted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Central Venous Catheter (CVC, central line, PICC, etc.) NO YES If yes, date inserted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Wound drain: (describe and give location):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO YES If yes, date inserted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Other: (describe and give location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO YES If yes, date inserted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**