

Nursing Facility and Assisted Living Transfer to Hospital COVID-19 Communication Tool

This transfer document is supplemental to the traditionally required transfer documents and information. Use this tool to document an individual's medical status related to coronavirus disease 2019 (COVID-19) to help facilitate communication between skilled nursing facilities and hospitals during patient transfers and admissions.

Resident/Patient Name: _____

Transferring Facility: _____

Accepting Facility: _____

Date of Transfer: _____

1. Has the patient tested positive for COVID-19?

Yes No

2. Date of initial positive test: _____

3. If Yes, has the patient had 2 subsequent negative test results? Yes No N/A

4. Dates of subsequent negative tests: _____

If patient was positive and has subsequent negative testing STOP and call the receiving facility to have further discussion regarding current clinical status of the patient.

5. Has the patient exhibited signs and symptoms of COVID-19 during admission to the facility (Cough, Sneezing, Fever > 100, SOB, Sore Throat)?

Yes No

6. Has the patient had a positive chest x-ray since admission? Yes No N/A

7. If answer to 6 is Yes, results: _____

8. Has the patient been in contact with anyone who has tested positive for COVID-19?

Yes No

9. Date of Exposure: _____

10. Has the patient been to any of the restricted travel areas (South Korea, Iran, China, Italy), traveled internationally or traveled on a cruise ship in the last 14 days? Yes No

11. Dates and countries of travel: _____

12. Has anyone in your facility tested positive for COVID-19 or has been presumed positive?

Yes No

13. If Yes to Question 12: Has the Department of Health Been Notified?

Yes No N/A

If the answer is "Yes" to question 12, STOP and have a conversation with receiving center regarding facility status.

Signature of Screener: _____

Title _____

Date: _____ Time: _____

Report Called in to: _____

Date: _____ Time: _____