

Long-Term-Care Facility Transfer Form

(for use in accordance with OAR 333-019-0052 when transferring a resident infected or colonized with a multi-drug resistant organism, MDRO)

TRANSFERRING FACILITY: SEND this completed form with the EMS transporters
RECEIVING FACILITY: PROVIDE form to hospital emergency department

A. RESIDENT INFORMATION AND FACILITY-CONTACT INFORMATION:

Last Name of Resident	First Name of Resident	Resident birth date	Healthcare Provider Name:
		____/____/____	

Transferring Facility: name and address	Contact Person: (name, phone number)

B. MDRO AND PRECAUTIONS INFORMATION:

Are you, currently, managing the resident on transmission-based precautions? ☐ NO ☐ YES
If yes, what is the precaution category? ☐ Contact ☐ Droplet ☐ Airborne ☐ comments:

This resident has signs and symptoms consistent with an <u>“active”</u> infectious disease process; or, this resident is <u>colonized</u> (no disease process) with one of these MDRO's: <u>Circle one that applies:</u> MRSA; VRE; Clostridium difficile; OR, one of these MDRO gram-negative rod bacteria (<i>ESBL+</i> , <i>CRE</i> , <i>CRE-CP+</i>): Acinetobacter, E.coli, Enterobacter, Klebsiella, Pseudomonas	COLONIZED <input type="checkbox"/> (yes)	ACTIVE INFECTION <input type="checkbox"/> (yes)
	BODY SITE: _____	BODY SITE: _____ DATE ONSET: _____

ESBL+: extended-spectrum beta-lactamase; *CRE*: carbapenem-antibiotic resistant;
CRE-CP+: carbapenemase resistant AND lab report specifies strain is a carbapenemase producer;

C. RESIDENT'S SECRETIONS OF SIGNIFICANCE:

This resident's active-infection or colonization involves the following site secretions/drainages:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> sputum | <input type="checkbox"/> skin/soft tissue drainage site _____ |
| <input type="checkbox"/> feces | <input type="checkbox"/> bloodstream |
| <input type="checkbox"/> urine | <input type="checkbox"/> nares (positive MRSA-colonization history) |
| <input type="checkbox"/> eye | <input type="checkbox"/> rectum (positive VRE-colonization history) |