

Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute care facility. This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the hospital and the receiving facility during patient transfers. This document should be signed by the case manager completing the clinical assessment as directed by the patient's physician, APRN or PA order for discharge/transfer. **CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:**

Patient Name: _____

Transferring Facility: _____ Accepting Facility: _____

Has patient been laboratory tested for COVID-19?

YES, Patient tested for COVID-19

Dates of tests _____

What was the indication for testing?

NO, Test was NOT INDICATED per CDC 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

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**



MAY NOT TRANSFER

MAY TRANSFER

Positive test

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

Clinical Assessment Completed by (signature) _____

Date/Time _____

Reported to (name of facility staff) _____

Date/Time _____

