

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

INSTRUCTIONS: Hospitals are encouraged to use this form to document your assessment of the COVID-19 status of all hospitalized prior to transfer to a post-acute care facility 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?

COVID-19 testing criteria for elderly/medically frail patients – Update 4/1/2020

- Patients age 65 and older or patients with serious underlying medical conditions AND
- Patient presents with new onset fever 100.4 or greater AND cough OR other respiratory signs including shortness of breath

YES, Patient tested for COVID-19

Date of test _____
What was the indication for testing?

NO, Test NOT INDICATED per CMS/CDC/CDPHE 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, exposed to a person who has been lab tested positive for COVID-19, or is an immunocompromised person.

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

Positive 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

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

MAY NOT TRANSFER

Clinical Assessment Completed by (signature) _____

Date/Time _____

Reported to (name of facility staff) _____

Date/Time _____

