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 3/18/2020
• 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

☐ NO, Test NOT INDICATED per CDC/AHCA/FDOH criteria.

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Date of test __________________________

What was the indication for testing?

☐ 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.

☐ 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

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☐ 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

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MAY NOT TRANSFER

Clinical Assessment Completed by [signature]

Date/Time

Reported to [name of facility staff]

Date/Time

Form updated as of 3/19/20