South Dakota Inter-facility Infection Control Transfer Form

Please use this form when transferring a patient with Carbapenem-resistant Enterobacteriaceae (CRE)

SOUTH DAKOTA DEPARTMENT OF HEALTH

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.

Please attach copies of latest culture reports with susceptibilities if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record No.

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Name	Phone	E-mail
Case Manager/Admin/SW			
Infection Prevention			

Is the patient currently in isolation? ☐ **No** ☐ **Yes**

Type of isolation (check all that apply) ☐ **Contact** ☐ **Droplet** ☐ **Airborne** ☐ **Other:**_____

Does patient currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other organism of epidemiological significance?	Include Colonization or history *Check if YES*
Carbapenem-resistant Enterobacteriaceae (CRE)	
Clostridioides difficile (Cdiff)	
Methicillin-resistant Staphylococcus aureus (MRSA)	
Vancomycin-resistant Entrococci (VRE)	
Acinetobacter (Multi-drug resistant, CRAB)	
E coli, Klebsiella, Proteus etc. w/Extended Spectrum B-Lactamase (ESBL)	
Pseudomonas aeruginosa (CRPA, ESBL)	

Does the patient/resident currently have any of the following?

- ☐ Cough or requires suctioning
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Incontinent of urine or stool
- ☐ Open wounds or wounds requiring dressing change
- ☐ Drainage (source)_____
- ☐ Central line/PICC (Approx. date inserted___/___/
- ☐ Hemodialysis catheter
- ☐ Urinary catheter (Approx. date inserted___/___/
- ☐ Suprapubic catheter
- ☐ Percutaneous gastrostomy tube
- ☐ Tracheostomy

Printed Name of Person completing form	Signature	Date	If information communicated prior to transfer: Name & phone of individual at receiving facility

For questions, please contact: Kipp Stahl, RN Healthcare Associated Infection Coordinator, South Dakota Department of Health, Office of Disease Prevention 605-773-4672 or Kipp.Stahl@state.sd.us. CRE Toolkit: https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf

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