Department of Public Health
CITY OF PHILADELPHIA

Transfer Form for Patients with Multidrug-Resistant Organisms

Multidrug-resistant organism (MDRO) infection or colonization must be communicated to accepting facility prior to or during transfer of a patient with an MDRO, using this form or facility specific protocols that capture the same information. Please use the PDPH *Candida auris* transfer form for individuals with *Candida auris*. ***Please attach copies of latest culture reports with susceptibilities if available.***

Date of Transfer:___/___/____

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
		___/____/____	

Sending Healthcare Facility	Address	Phone	Contact Person

Is the patient currently on isolation precautions? ☐ **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 MDRO or other organism of significance?	**Colonization or history** *Check if Yes*	**Active infection** *List infections*
Methicillin-resistant *Staphylococcus aureus* (MRSA)		
Vancomycin-resistant Enterococci (VRE)		
Clostridioides difficile		
Acinetobacter*, multidrug-resistant		
E coli., Klebsiella*, etc. w/Extended Spectrum Β-Lactamase (ESBL)		
Carbapenem-resistant Enterobacterales (CRE)*		
Other:		

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 (Date inserted___/___/____)
☐ Hemodialysis catheter
☐ Urinary catheter (Date inserted___/___/____)
☐ Suprapubic catheter
☐ Percutaneous gastrostomy tube
☐ Tracheostomy

Is the patient/resident currently on antibiotics? ☐ **No** ☐ **Yes:**

Antibiotic and dose	**Treatment for:**	**Start date**	**Duration**

Comments:

Name of person completing form	**Date**	**Name and phone of contact person at receiving facility (if communicated prior to transfer)**

**Adapted from Utah State Department of Health. For more information please visit:* http://www.cdc.gov/hai/index.html *or* https://hip.phila.gov/disease-control/diseasesconditions/cre-carbapenem-resistant-enterobacteriaceae/