INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to post-acute care. This tool should be used to document an individual’s medical status related to COVID-19 and to facilitate communication between the hospital, emergency medical services, and the post-acute care organization. This assessment must be reviewed by the discharging physician or advanced practice provider and completed by licensed clinical staff prior to transfer. CHECK THE BOX APPROPRIATE TO THE PATIENT’S STATUS.

Patient Name: ___________________________ Transferring Facility: ___________________________

Post-Acute Care Receiving Organization: ___________________________

YES, Patient tested for COVID-19

NO, Test NOT INDICATED per CDC testing criteria category.

MAY TRANSFER

INDICATION FOR TESTING

List primary COVID-19 symptoms for this patient: ____________

POSITIVE TEST

DATE/TIME:

RESULTS PENDING

Patients will not be transferred to an LTGF until test results are confirmed.

START OVER WHEN TEST CONFIRMED.

NEGATIVE TEST

DATE/TIME:

If testing is not in accordance with CDC test-based strategy for discontinuation of precautions, then precautions should continue after transfer per CDC symptom-based strategy noted below.

MAY TRANSFER without precautions when symptom based strategy met

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

MAY TRANSFER

Transfer to a COVID (+) facility or a facility with adequate PPE and isolation status when precautions are required.

Precautions should continue after transfer per CDC Interim Guidance:

(symptom based strategy)

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and

- At least 10 days have passed since symptoms first appeared.

- When Transmission-Based Precautions have been discontinued, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room, and wear a face mask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.

Date Symptoms Started:

Clinical Assessment Completed by (signature)__________________________

Date/Time ___________________________

Reported to (name of facility staff)__________________________

Date/Time ___________________________