

**Inter-facility Infection Control Transfer Form for  
Carbapenem Resistant Enterobacteriaceae (CRE)**

<b>Demographics</b>	<b>Patient/Resident</b>					
	Last	First	DOB	MRN	Anticipated D/C Date	
	Sending Facility Name:		Contact Name:		Contact Phone:	
	Receiving Facility Name:		Attn: Receiving Nurse / LTC Dir Of Nursing			
<b>Precautions</b>	<b>Currently in Precautions for CRE?</b>					<input type="checkbox"/> <b>Yes Isolation Precautions</b>  <input type="checkbox"/> <b>Yes CRE colonization or infection</b>
	<b>If YES check:</b> <input type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions					
	Comment:					
<b>Source</b>	<b>Carbapenem-resistant Enterobacteriaceae (CRE) Lab Information</b>					<input type="checkbox"/> <b>Yes CRE colonization or infection</b>
	Source:	Date Of Current Culture/s		Reported History		
	Urine					
	Stool					
	Sputum					
	Wound					
	Blood					
	Other					
<b>Evaluation of the Risk for Spread of CRE</b>						<input type="checkbox"/> <b>Yes Patient is at high risk to spread CRE</b>
<b>Symptoms/ Conditions</b>	<b>High Risk Factors</b>	<b>Yes</b>		<b>No</b>		
	Ventilator Dependent					
	Incontinent of Stool					
	Unable to cooperate with hand washing					
	Wound Drainage that is not controlled or contained					
<b>If any there are any "Yes" in the Risk Factors, then the patient is at a high risk for spreading CRE and High Risk Precautions are recommended.</b>						<b>Receiving facility will determine the type of precautions needed</b>
<b>Isolation Strategy For Nursing Home</b>	<b>Precautions based on risk group</b>					
	<b>High Risk Precautions</b>		<b>Low Risk Precautions</b>			
	Gowns and gloves when entering patient zone		Gown and gloves based on care activity			
	Restrict patient movement		Do NOT restrict patient movement			
	Staff and Resident Hand Hygiene					
	Dedicated equipment or cleaned between uses					
	Frequent disinfection of high touch surfaces					



**Person Completing Form:** \_\_\_\_\_

