

# Hospital to Post-Acute Care Transfer COVID-19 Assessment

**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:

## Is COVID-19 Testing Clinically Warranted?

<input type="checkbox"/> <b>YES</b> , Patient tested for COVID-19	<input type="checkbox"/> <b>NO</b> , test was <b>NOT INDICATED</b> per CDC testing criteria category. <b>MAY TRANSFER.</b> (Category 1)
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**Indication for Testing:**  **Positive Test** Date/Time: \_\_\_\_\_

**List primary COVID-19 symptoms for this patient:** \_\_\_\_\_

<input type="checkbox"/> <b>Positive Test</b> Date/Time: _____	<b>Results Pending (Category 3)</b> Patients will <b>not</b> be transferred to an LTCF until test results are confirmed. <b>Start over when test confirmed.</b>	<input type="checkbox"/> <b>Negative Test</b> Date/Time: _____ <b>(Category 2)</b> 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.
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<input type="checkbox"/> <b>Results Pending Transfers ONLY</b> as directed by ISDH during declared surge	Transfer to a facility with adequate PPE and isolation status when precautions are required.	<b>MAY TRANSFER without precautions when symptom based strategy met</b>
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Does patient meet criteria outlined in CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19? <input type="checkbox"/> <b>(Category 4) YES</b> <input type="checkbox"/> <b>(Category 5) NO</b>	Precautions should continue after transfer per CDC Interim Guidance: (symptom based strategy):
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<b>MAY TRANSFER</b>	Transfer to a COVID (+) facility or a facility with adequate PPE and isolation status	<ul style="list-style-type: none"> <li>• <b>At least 3 days</b> (72 hours) have passed since recovery defined as resolution of fever without the use of fever reducing medications <b>and</b> improvement in respiratory symptoms (e.g., cough, shortness of breath); <b>and</b></li> <li>• <b>At least 10 days</b> have passed since symptoms first appeared.</li> <li>• 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.</li> </ul>
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Clinical Assessment Completed by (staff name, date/time):	Date Symptoms Started: _____
Accepted for Transfer by (LTCF staff name, date/time):	