

## COVID-19: Nursing Home Accepting Transfer from Hospital

Time/Date: \_\_\_\_\_

Facility Information	Hospital Name: _____	
	Hospital/Nurse Contact Name: _____	Callback #: _____
Resident Identifiers	Name: _____	Gender: M F
	DOB: _____	Language: _____
Emergency Contact	Name: _____	Phone #: _____
Receiving Provider Notified	Name: _____	Phone #: _____
Advance Directives	<input type="checkbox"/> <b>Full Code</b> <input type="checkbox"/> <b>DNR</b> <input type="checkbox"/> <b>POST</b> If POST: <input type="checkbox"/> Comfort Measures <input type="checkbox"/> Limited Additional Interventions <input type="checkbox"/> Full Interventions	
Transportation Arrangements	_____	

**Has the patient experienced any of the following symptoms in the past 2 weeks?**

- |   |  |
|---|--|
| <input type="checkbox"/> Elevated temp. (>99.0) | <input type="checkbox"/> Sore Throat     |
| Date of last elevated temp: _____               |  |
| <input type="checkbox"/> Cough                  | <input type="checkbox"/> Muscle Aches    |
| <input type="checkbox"/> Shortness of Breath    | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Fatigue                | <input type="checkbox"/> Diarrhea        |

**Has this patient been tested for COVID-19?**      Yes, test date: \_\_\_\_\_      No: \_\_\_\_\_

If yes, was it a positive or negative result?      Positive      Negative

If pending, patient unlikely to be admitted.

**Is the patient in isolation?**      Yes, start date: \_\_\_\_\_      No, d/c date: \_\_\_\_\_

**Does this patient use CPAP, BiPAP, or nebulizers?**     Yes     No

If yes, discuss changing nebulizers to inhalers with spacers before discharge to LTCF.

**Does this patient need oxygen?**     Yes     No

Last V/S-Time _____ B/P _____ HR _____ RR _____ Temp _____ O <sub>2</sub> Reading _____ O <sub>2</sub> Required _____
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<i>Category 1</i>	<i>Category 2</i>	<i>Category 3</i>	<i>Category 4</i>	<i>Category 5</i>
No COVID-19 clinical concern	COVID-19 clinical concern, but neg test	COVID-19 clinical concern, test pending	+ COVID-19 test, d/c'd transmission-based precautions	+ COVID-19 test, active transmission-based precautions
No fever, no cough, no SOB - admission or return via standard process	Negative test in hospital - standard process. Transmission-based precautions may be needed	Pending tests will not be transferred to LTCF. NO transfer until test results are completed. Transmission-based precautions may be needed	Afebrile for 24 hours without medication AND improvement in respiratory symptoms AND 10 days have passed since original symptoms appeared	Separate unit needed for patient, PPE needed, possible consultation from ISDH Strike Team for preparation

**COVID + or Presumptive + Admission Preparation Checklist:**

- Room Assignment (Isolation or Cohort based on COVID status)\_\_\_\_\_
- Isolation Cart and Supplies Ready and Stocked?
  - Masks (surgical and/or N95 per ISDH)
  - Gowns
  - Gloves
  - Eye Protection
  - Appropriate signage to designate isolation
- Hand-washing station near exit of room
- Large trash can inside of room - close to door
- Linen receptacle inside of room
- Designated staff for COVID + residents
- ISDH notified
- Inter-facility Notifications
  - Housekeeping & Laundry
  - Dietary
  - Therapy
  - Social Services