

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: _____

YES, Patient tested for COVID-19
Indication for Testing:

NO, Test NOT INDICATED
per CDC testing criteria category.

- No signs or symptoms consistent with COVID-19
- No recent known or suspected exposure to SARS-CoV-2
- No known public health surveillance of the individual
- No indication for testing to determine resolution of infection
- Patient known to have COVID in the last 90 days

MAY TRANSFER per facility acceptance. Isolation per CDC guidance not required, however admissions to facilities are to be quarantined for 14 days.

POSITIVE TEST
DATE/TIME:

RESULTS PENDING
 Patients will not be transferred to an LTCF until test results are confirmed.
START OVER WHEN TEST CONFIRMED.

NEGATIVE TEST
DATE/TIME:
 If testing is not in accordance with 2-test CDC based strategy for discontinuation of precautions, then quarantine should continue for 14 days after transfer as above.

Results Pending Transfers ONLY as directed during declared surge

OR

Transfer to a facility with adequate PPE and isolation status when precautions are required.

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
 per facility acceptance

Transfer to a COVID (+) facility or a facility with adequate PPE and isolation status

Precautions should continue after transfer per CDC Interim Guidance:

Depends on Symptom severity

Mild to moderate – generally 10 days, see COVID Positive-Not Severely Immunocompromised algorithm

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Severe to critical – generally 20 days, see COVID Positive-Not Severely Immunocompromised algorithm

- At least 10 days and up to 20 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Depends on Immunocompromised status


- Generally 20 days – see COVID Positive- Severely Immunocompromised algorithm

Clinical Assessment Completed by (signature)


Date/Time

Reported to (name of facility staff)


Date/Time



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Missouri Health Care Association



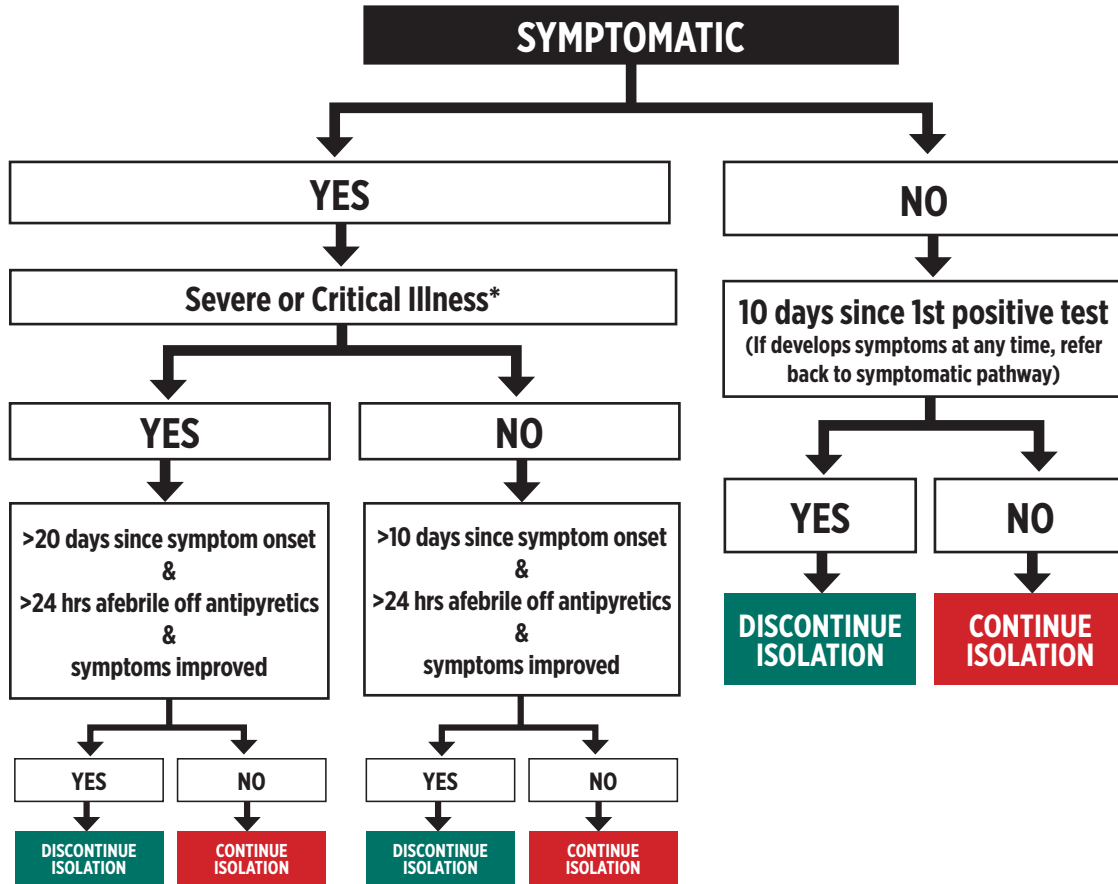
LeadingAge Missouri

Form updated as of 9/11/2020

COVID Positive: How Long Do I Isolate If **Not Severely** Immunocompromised

*Severe/Critical Disease: Persons with respiratory frequency >30 breaths per minute, SpO2 <94% on room air (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50% OR persons with respiratory failure, septic shock, and/or multiple organ dysfunction

Adapted from Vizient CNO list serve/Harris Health, www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html



COVID Positive: How Long Do I Isolate If **Severely** Immunocompromised*

*Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromised and inform decisions regarding the duration of Transmission-Based Precautions. Ultimately, the degree of immunocompromised for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Adapted from Vizient CNO list serve/Harris Health, www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

