SNF to Hospital and Hospital to SNF COVID 19 Transfer Communication Tool

Use this tool to document an individual’s medical status related to coronavirus disease 2019 (COVID-19) to help facilitate communication between skilled nursing facilities and hospitals during patient transfers and admissions.

1. Has the patient tested positive for COVID-19?
   - Yes
   - No

2. Date of initial positive test: ______________________

3. If Yes, has the patient had 2 subsequent negative test results?
   - Yes
   - No
   - N/A

4. Dates of subsequent negative tests: _____________

5. Has the patient exhibited signs and symptoms of COVID-19 during admission to the facility (Cough, Sneezing, Fever > 100, SOB, Sore Throat)?
   - Yes
   - No

6. Has the patient had a positive chest x-ray since admission?
   - Yes
   - No
   - N/A

7. If answer to 6 is Yes, results: __________________

8. Has the patient been in contact with anyone who has tested positive for COVID-19?
   - Yes
   - No

9. Date of Exposure: ____________________________

10. Has the patient been to any of the restricted travel areas (South Korea, Iran, China, Italy), traveled internationally or traveled on a cruise ship in the last 14 days?
    - Yes
    - No

11. Dates and countries of travel: __________________
    ___________________________________________

12. Has anyone in your facility tested positive for COVID-19 or has been presumed positive?
    - Yes
    - No

13. If Yes to Question 12: Has the Department of Health Been Notified?
    - Yes
    - No
    - N/A

   If the answer is “Yes” to question 12, STOP and have a conversation with receiving center regarding facility status.

Signature of Screener:_____________________________
Title _________________________________________
Date: ____________________ Time:__________________

Report Called in to: ______________________________
Date: ____________________ Time:__________________

Resident/Patient Name: _______________________________________________________________________
Transferring Facility: _________________________________________________________________________
Accepting Facility: ___________________________________________________________________________
Date of Transfer: ____________________________________________________________________________