TOOL 6: Patient/Resident Transfer Checklist

Clinical Criteria for Transferring Facility Residents to Hospitals During Pandemic

This checklist is intended to assist with communications when transferring COVID-19 residents to a hospital. It serves as an easy reference guide, ensuring details of care have been accurately relayed. It does not replace or supersede existing clinical or facility protocols. Please check all that apply.

KEY CRITERIA FOR TRANSFER OF COVID-19 RESIDENT		
☐	COVID-19+ status ☐ Confirmed (tested positive)~~Presumed~~ ☐ Probable ~~Tested~~	
☐	Advanced directive exists, designates desire for level of care at hospital	
☐	Patient is level 3 or 4 severity or NEWS score over 5	
VITALS		
☐	Temp (F)	< 95° or > 100~~104~~°
☐	SBP (mmHg)	< 90 or > 180
☐	HR (per/min)	< 50 or > 110
☐	RR (per/min)	< 14 or > 22
☐	Pulse ox %_____ on _____%FIO2, or ___L/nc	
☐	Unable to maintain O2 sats > 90% on 40% FiO2	
☐	Vital Signs	Change of >25% of baseline
ADDITIONAL CONSIDERATIONS		
☐	Dyspnea cannot be managed despite medications and oxygen	
☐	Evidence of organ dysfunction (angina, kidney failure)	
☐	Other	
OTHER CLINICAL INFORMATION		
☐	Patient Medical ID/wristband	
☐	Diagnoses	
☐	Medications	
☐	Allergies	
COMMUNICATIONS		
☐	NF communicates with family	
☐	Before transport, NF communicates with hospital triage partner to verify appropriate care available	
☐	Communicate with emergency medical services regarding COVID-19 status	
☐	Ensure patient is wearing medical facemask for transport.	

TOOL 6-A: Patient/Resident Transfer to Health Care Isolation Center Checklist

Clinical Criteria for Transferring Patients/Residents to Health Care Isolation Centers (HCIC) During Pandemic

This checklist is intended to assist with communications when transferring COVID-19 residents to a health care isolation center (HCIC). It serves as an easy reference guide, ensuring details of care have been accurately relayed. It does not replace or supersede existing clinical or facility protocols. Please check all that apply.

KEY CRITERIA FOR TRANSFER OF COVID-19 RESIDENT	
☐	COVID-19+ status ☐ Confirmed (tested positive) ☐ Probable
☐	Advanced directive exists, designates desire for level of care at HCIC
☐	Patient is level 2 or 3 severity or NEWS score over 5. If level 2, detail the reason for transfer below (note: clinically stable COIVD-19 + patients/residents are not candidates for admission to an HCIC) _____ _____
VITALS	
☐	Temp (F) < 95° or > 100°
☐	SBP (mmHg) < 90 or > 180
☐	HR (per/min) < 50 or > 110
☐	RR (per/min) < 14 or > 22
☐	Pulse ox %_____ on _____%FIO2, or ___L/nc
☐	Unable to maintain O2 sat > 90% on 40% FiO2
☐	Vital Signs Change of >25% of baseline
ADDITIONAL CONSIDERATIONS FOR HOSPITAL LEVEL OF CARE	
☐	Dyspnea cannot be managed despite medications and oxygen
☐	Evidence of organ dysfunction (angina, kidney failure)
☐	Other
OTHER CLINICAL INFORMATION	
☐	Patient Medical ID/wristband
☐	Diagnoses
☐	Medications

☐	Allergies
COMMUNICATIONS	
☐	NF or other congregate care facility communicates with family
☐	Before transport, NF or other congregate care provider communicates with HCIC partner to verify appropriate care available. The HCIC confirms they have <u>all</u> of the following on-site to appropriately care for the individual being transferred ☐ Medications ☐ Personnel ☐ Personal Protective Equipment (PPE)
☐	Note any special circumstances that must be communicated to the HCIC that may impact the facility's decision for admittance. For example: individual is an inmate of a prison, individual is also in recovery from a substance use disorder, etc.: _____ _____
☐	Communicate with emergency medical services regarding COVID-19 status
☐	Ensure patient is wearing medical facemask for transport

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TOOL 7: Hospital Discharge Criteria Checklist to Facility/Home – REVISED 4/6/20

The hospital discharge of an individual with COVID-19 to home or long-term services facility should be made in consultation with the individual's clinical care team, and local or state public health departments, as appropriate.

This checklist is intended to assist with communications when discharging COVID-19 residents from a hospital. It serves as an easy reference guide, ensuring details of care have been accurately relayed. It does not replace or supersede existing clinical or facility protocols. Please check all that apply.

VERIFY RESIDENT CONTACT INFORMATION	
☐	Obtain and verify residence and patient's ability to return to residence
☐	Verify contact number for patient as well primary support person
VERIFY STABILIZATION OF CLINICAL CONDITION	
☐	Vital signs stable
☐	Temp 96-100
☐	SBP 90-160
☐	HR 60-100
☐	RR 14-22
☐	Pulse Ox >92% on RA for oxygen naïve patients; otherwise O2, 4L/nc
☐	Mental status stable or at baseline >24 hours
☐	Confirm with medical provider and bedside RN that patient is able to manage ADLs independently or with degree of available support at home/facility
☐	Verify lab values stable and any lab follow up: Test_____ Date_____
STATUS OF COVID-19 TESTING	
☐	Date of onset of symptoms_____
☐	Date of initial positive test (if done)_____
☐	If discharging to a non-congregate care setting (home or other), ~~if~~ no repeat COVID-19 testing, date patient met all of the following criteria_____ ☐ 7 days since symptom onset ☐ 3 days of no fever without antipyretics ☐ 3 days of stable respiratory status
☐	If discharging to a nursing facility or other congregate care setting date patient met all of the following criteria_____ ☐ 14 days since symptom onset ☐ 3 days of no fever without antipyretics ☐ 3 days of stable and improved respiratory status ~~Dates of subsequent negative tests (if done): Date_____ Date_____~~
FOR NON-COVID-19 PATIENTS - INFECTION CONTROL	
☐	Has the patient been in contact with anyone positive for COVID-19?
☐	If yes, date(s) of exposure_____

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☐	Communicate with patient and care partners: COVID status, isolation and PPE requirements
☐	Confirm Patient has resources/supports to adhere to infection control requirements https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
CONFIRM NEEDED EQUIPMENT	
☐	Oxygen
☐	DME
☐	Additional nursing services
MEDICATIONS	
☐	Review medication list
☐	Ensure a 30-day supply of each medication
CLINICIAN FOLLOW-UP	
☐	Verify date and time of specialist follow up
☐	Verify date and time of primary care follow up
DISCHARGE LOGISTICS – RECEIVING SITE	
☐	Patient transportation arranged ~~food~~
☐	Patient dietary needs addressed (special food, supplements, etc.)
☐	Patient communications device available and accessible

Commented [WM1]: What nursing services might be needed to discharge home? What questions should be on the checklist to address this need?

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TOOL 7-A: Health Care Isolation Center Discharge Criteria Checklist to Facility/Home

The health care isolation center (HCIC) discharge of an individual with COVID-19 to home or long-term services facility should be made in consultation with the individual's clinical care team, and local or state public health departments, as appropriate.

This checklist is intended to assist with communications when discharging COVID-19 residents from a HCIC. It serves as an easy reference guide, ensuring details of care have been accurately relayed. It does not replace or supersede existing clinical or facility protocols. Please check all that apply.

VERIFY RESIDENT CONTACT INFORMATION	
☐	Obtain and verify residence and patient's ability to return to residence
☐	Verify contact number for patient as well primary support person
VERIFY STABILIZATION OF CLINICAL CONDITION	
☐	Vital signs stable
☐	Temp 96-100
☐	SBP 90-160
☐	HR 60-100
☐	RR 14-22
☐	Pulse Ox >92% on RA for oxygen naïve patients; otherwise O2, 4L/nc
☐	Mental status stable or at baseline >24 hours
☐	Confirm with medical provider and bedside RN that patient is able to manage ADLs independently or with degree of available support at home/facility
☐	Verify lab values stable and any lab follow up: Test_____ Date_____
STATUS OF COVID-19 TESTING	
☐	Date of onset of symptoms_____
☐	Date of initial positive test (if done)_____
☐	If discharging to a non-congregate care setting (home or other), if no repeat COVID-19 testing, date patient met all of the following criteria_____ ☐ 7 days since symptom onset ☐ 3 days of no fever without antipyretics ☐ 3 days of stable respiratory status
☐	If discharging to a nursing facility or other congregate care setting date patient met all of the following criteria_____ ☐ 14 days since symptom onset ☐ 3 days of no fever without antipyretics ☐ 3 days of stable and improved respiratory status
FOR NON-COVID-19 PATIENTS - INFECTION CONTROL	
☐	Has the patient been in contact with anyone positive for COVID-19?
☐	If yes, date(s) of exposure_____
☐	Communicate with patient and care partners: COVID status, isolation and PPE requirements

☐	Confirm Patient has resources/supports to adhere to infection control requirements https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
CONFIRM NEEDED EQUIPMENT	
☐	Oxygen
☐	DME
☐	Additional nursing services
MEDICATIONS	
☐	Review medication list
☐	Ensure a 30-day supply of each medication
CLINICIAN FOLLOW-UP	
☐	Verify date and time of specialist follow up
☐	Verify date and time of primary care follow up
DISCHARGE LOGISTICS	
☐	Patient transportation arranged
☐	Patient dietary needs addressed (special food, supplements, etc.)
☐	Patient communications device available and accessible, as applicable

Commented [WM1]: What nursing services might be needed to discharge home? What questions should be on the checklist to address this need?