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

For nursing home staff use when receiving an admission or return from hospital during the pandemic

<table>
<thead>
<tr>
<th>Time/Date:</th>
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<table>
<thead>
<tr>
<th>Facility Information</th>
<th>Hospital Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospital/Nurse Contact Name:</td>
</tr>
<tr>
<td></td>
<td>Callback #:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Resident Identifiers</th>
<th>Name:</th>
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<tbody>
<tr>
<td></td>
<td>Gender: M F</td>
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<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>Name:</th>
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<tbody>
<tr>
<td></td>
<td>Phone #:</td>
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<thead>
<tr>
<th>Receiving Provider Notified</th>
<th>Name:</th>
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<tbody>
<tr>
<td></td>
<td>Phone #:</td>
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<thead>
<tr>
<th>Advance Directives</th>
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<tbody>
<tr>
<td>□ Full Code</td>
</tr>
<tr>
<td>□ DNR</td>
</tr>
<tr>
<td>□ POST</td>
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</table>

If POST:

- □ Comfort Measures
- □ Limited Additional Interventions
- □ Full Interventions

<table>
<thead>
<tr>
<th>Transportation Arrangements</th>
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</table>

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

- □ Elevated temp. (>99.0)
  
  Date of last elevated temp: _________

- □ Sore Throat

- □ Cough
  
  □ Muscle Aches

- □ Shortness of Breath
  
  □ Nausea/Vomiting

- □ Fatigue
  
  □ 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

<table>
<thead>
<tr>
<th>Last V/S-Time</th>
<th>B/P</th>
<th>HR</th>
<th>RR</th>
<th>Temp</th>
<th>O2 Reading</th>
<th>O2 Required</th>
</tr>
</thead>
</table>

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### Category 1: No COVID-19 clinical concern
- No fever, no cough, no SOB - admission or return via standard process

### Category 2: COVID-19 clinical concern, but neg test
- Negative test in hospital - standard process. Transmission-based precautions may be needed

### Category 3: COVID-19 clinical concern, test pending
- Pending tests will not be transferred to LTCF. NO transfer until test results are completed. Transmission-based precautions may be needed

### Category 4: + COVID-19 test, d/c’d transmission-based precautions
- Afebrile for 3 days without medication AND improvement in respiratory symptoms AND 7 days have passed since original symptoms appeared

### Category 5: + COVID-19 test, active transmission-based precautions
- 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

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