



Protecting and improving the nation's health

Annex A: Inter-care transfer form – notification of an individual carrying or infected with a carbapenemase–producing Enterobacteriaceae or other multidrug-resistant organism

For use in conjunction with full discharge / transfer planning

<p>Patient / client details: <i>(insert label if available)</i> Name: Patient name in full Address: Address line 1 Address line 2 City, postcode, country Date of birth: DoB NHS number: NHS no.</p>	<p>Consultant name: Consultant name Consultant Contact no: Consultant telephone No. GP name: GP name GP contact no: GP telephone No.</p>
<p>Transferring facility: Facility name / Details (eg care home, community hospital, hospice, district nurse, GP) Contact name: Transferring facility contact Contact no: Transferring facility contact no.</p>	<p>Receiving facility: Facility name / Details (eg care home, community hospital, hospice, district nurse, GP) Contact name: Receiving facility contact Contact no: Receiving facility contact</p>
<p>Diagnosis: <i>(confirmed organism)</i> Diagnosis / Confirmed organism details</p>	<p>Infection: Yes <input type="checkbox"/> / No <input type="checkbox"/> Colonisation: Yes <input type="checkbox"/> / No <input type="checkbox"/></p>

Infection prevention and control precautions required / in place:
 IP&C details

Inter-care transfer form – notification of an individual carrying or infected with a carbapenemase-producing Enterobacteriaceae or other multidrug-resistant organism

Has the patient been given a patient card? Yes <input type="checkbox"/> / No <input type="checkbox"/> Other information relevant to patient's care: Relevant information for patient care
Has ambulance service been informed? Yes <input type="checkbox"/> / No <input type="checkbox"/> <i>This should be done when booking the transfer.</i> If no, please give reason.
Is the patient / client aware of their colonisation / infection status? Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, please give reason.
Has patient received information about their status? (Patient leaflet) Yes <input type="checkbox"/> / No <input type="checkbox"/>
Name of staff member completing form: Name: <input type="text" value="Staff member name"/> Contact number: <input type="text" value="Contact no."/> Date completed: <input type="text" value="Click here to enter a date"/>

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