Date: [Insert Date]

RE: Transfer of Care for Bone and Joint Infection (BJI)

Patient Name: [Patient Name]
Date of Birth: [DOB]
Hospital/NHS Number: [ID Number]

To: [Receiving Clinician Name/Department]
Facility: [Receiving Hospital/Clinic Name]

From: [Referring Clinician Name]
Contact Information: [Phone/Email]

1. Diagnosis and Presentation

- **Primary Diagnosis:** [e.g., Post-traumatic Osteomyelitis / Prosthetic Joint Infection]
- **Site of Infection:** [e.g., Right Distal Femur / Left Total Hip Arthroplasty]
- **Date of Onset/Surgery:** [Date]
- **Relevant Comorbidities:** [e.g., Diabetes, PVD, Smoking status]

2. Microbiological Data

- **Isolated Pathogen(s):** [List organisms]
- **Sensitivities:** [List key sensitivities/resistances]
- **Source of Culture:** [e.g., Tissue biopsy, Bone aspirate, Intra-operative swabs]

3. Surgical History

- **Procedures Performed:** [List procedures, e.g., Debridement, Spacer exchange, Sequestrectomy]
- **Date of Last Procedure:** [Date]
- **Hardware Status:** [e.g., Hardware retained / Hardware removed / New spacer in situ]

4. Current Antimicrobial Regimen

- **Current Antibiotics:** [Drug Name, Dose, and Frequency]
- **Route:** [e.g., IV via PICC line / Oral]
- **Therapy Start Date:** [Date]
- **Planned Duration:** [Total weeks planned]

5. Clinical Progress and Monitoring

- **Inflammatory Markers:** [Latest CRP / ESR / WCC]

- **Wound Status:** [e.g., Healing, Dry, Vacuum dressing in situ]
- **Recent Imaging:** [Summary of latest X-ray, CT, or MRI findings]

6. Transfer Requirements and Follow-up

- **Next Antibiotic Review Date:** [Date]
- **Next Planned Surgery:** [If applicable, e.g., Stage 2 revision]
- **Outpatient Parenteral Antimicrobial Therapy (OPAT):** [Yes/No - include provider details if applicable]

Signature: _____

Print Name: [Referring Clinician Name]