Side 1: LTCF Communication to Dialysis Facility

COVID-19 Status Communication Form
Between Nursing/Personal Care/Assisted Living Facility and Dialysis Facility

Patient Name: ___________________ Date of Birth: ____/____/____
LTCF Name: ___________________ Unit Phone Number: __________
Dialysis Facility Name: ______________ Dialysis Phone Number: __________

Patient’s current symptoms when leaving for dialysis (check all that apply):
☐ Temp >99 F  ☐ Chills  ☐ Cough  ☐ New or worsening shortness of breath
☐ Fatigue  ☐ Headache  ☐ Muscle pain or body aches  ☐ New loss of taste or smell
☐ Sore throat  ☐ Rhinorrhea  ☐ Nausea or vomiting  ☐ Diarrhea  ☐ None of the above

Patient’s COVID-19 Status:
Status: ☐ Unexposed/Healthy  ☐ Asymptomatic PUI  ☐ Symptomatic PUI  ☐ COVID-19 Positive  ☐ COVID-19 Recovered
Definition: No symptoms, no close contact with confirmed/suspected COVID-19 case, and no positive case at the living facility
No symptoms but close contact with confirmed/suspected COVID-19 case or positive case at the living facility within past 14 days
Showing any symptom listed above within last 7 days
Tested positive for COVID-19 but not requiring hospitalization
Resolution of fever (without fever-reducing medications) and resolution of respiratory symptoms (e.g., cough, shortness of breath); and
Negative results of a COVID-19 molecular assay for detection of SARS-CoV-2 from at least two consecutive respiratory specimens collected ≥24 hours apart
OR
At least 72 hours since resolution of fever (without fever-reducing medications) and resolution of respiratory symptoms (e.g., cough, shortness of breath); and
At least 10 days from onset of symptoms or first positive test

COVID-19 Testing Status:
☐ Positive  ☐ Negative  ☐ Pending  Date:____/____/______ Time: _____:____ ☐ AM ☐ PM
☐ Not Tested

Patient status unchanged (if patient or facility status changed, new form must be completed):
Date:____/____/____ Init:____  Date:____/____/____ Init:____  Date:____/____/____ Init:____
Date:____/____/____ Init:____  Date:____/____/____ Init:____  Date:____/____/____ Init:____
Date:____/____/____ Init:____  Date:____/____/____ Init:____  Date:____/____/____ Init:____
Date:____/____/____ Init:____  Date:____/____/____ Init:____  Date:____/____/____ Init:____
Side 2: Dialysis Facility Communication to LTCF

Patient’s current symptoms when returning from dialysis (check all that apply):

☐ Temp >99 F  ☐ Chills  ☐ Cough  ☐ New or worsening shortness of breath
☐ Fatigue  ☐ Headache  ☐ Muscle pain or body aches  ☐ New loss of taste or smell
☐ Sore throat  ☐ Rhinorrhea  ☐ Nausea or vomiting  ☐ Diarrhea  ☐ None of the above

Patient Exposure During Dialysis:

☐ None  ☐ PUI  ☐ COVID-19 positive

Patient status unchanged (if patient or dialysis unit status changed, new form must be completed):

Date:___/___/____  Init:____  Date:___/___/____  Init:____  Date:___/___/____  Init:____
Date:___/___/____  Init:____  Date:___/___/____  Init:____  Date:___/___/____  Init:____
Date:___/___/____  Init:____  Date:___/___/____  Init:____  Date:___/___/____  Init:____
Date:___/___/____  Init:____  Date:___/___/____  Init:____  Date:___/___/____  Init:____

IF PATIENT DEVELOPS ABOVE SYMPTOMS, OR HAS COVID EXPOSURE DURING DIALYSIS TREATMENT, LTCF MUST BE NOTIFIED BY PHONE BEFORE PATIENT LEAVES DIALYSIS