

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	Definition
<input type="checkbox"/> Unexposed/Healthy	No symptoms, no close contact with confirmed/suspected COVID-19 case, and no positive case at the living facility
<input type="checkbox"/> Asymptomatic PUI	No symptoms but close contact with confirmed/suspected COVID-19 case or positive case at the living facility within past 14 days
<input type="checkbox"/> Symptomatic PUI	Showing any symptom listed above within last 7 days
<input type="checkbox"/> COVID-19 Positive	Tested positive for COVID-19 but not requiring hospitalization
<input type="checkbox"/> COVID-19 Recovered	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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: ____
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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
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Patient Exposure During Dialysis:

- None PUI COVID-19 positive
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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**