

LTCF/Nursing Home to Dialysis Unit Transition of Care Form

During this COVID-19 pandemic, it is essential that there is communication prior to patient transfer because patients may need to be assigned to arrive for a different dialysis shift, or different dialysis unit, depending on their symptoms or testing status, or potential outbreak at the facility.

Please fill out this form for each dialysis patient and fax to the patient’s dialysis unit the day before each dialysis treatment is scheduled. Please call the dialysis unit if there are other pertinent updates or logistical issues. Thank you.

Categorize the patient based on the chart below.

Category	Definition
Healthy / General Population	
Asymptomatic	No symptoms but close contact with confirmed/suspected COVID case or outbreak at the living facility.
Symptomatic	Showing symptoms consistent with COVID-19: <ul style="list-style-type: none"> <input type="checkbox"/> Fever or chills <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Headache <input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Sore throat <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea
COVID positive	Tested positive for COVID-19 but symptoms do not warrant hospitalization
COVID recovered	Tested positive for COVID-19 at least 20 days ago AND has been fever-free with improving symptoms for at least 24 hours

Patient’s Name: _____

LTCF contact (name and number): _____

Patient category as defined above: _____

COVID test status (circle): POS NEG Pending Not tested Test date: _____

Additional information: _____

Dialysis Provider Cohort Exit Criteria Met (describe criteria used): _____
