

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">• If significantly symptomatic: at least 20 days have elapsed from onset of symptoms or first positive test; or• If no or only mild symptoms: at least 10 days have elapsed from onset of symptoms or first positive test• At least 24 hours have elapsed since resolution of fever (without fever-reducing medications); and• Respiratory symptoms (e.g., cough, shortness of breath) have improved.

COVID-19 Testing Status:

- Positive Negative Pending Date: ____/____/____ Time: ____:____ AM PM
 Not Tested
-

COVID-19 Vaccination Status:

- Complete Partial (1 dose of 2-dose series) Not vaccinated
Vaccine: 2-Dose (Moderna, Pfizer or Astra-Zeneca) 1-Dose (Johnson & Johnson)
1st Dose: Date administered: ____/____/____
2nd Dose: Date administered: ____/____/____ Pending N/A
-

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**