

Quick Huddle on How to Use the “Change in Condition Alert” Form for Long-Term Care and Dialysis Facilities

Change in Condition Alert

The purpose of this Alert Form is to improve communications and the transition of patient care between a Dialysis Facility and a Long Term Care Facility.

Instructions: Complete this Alert when there is a newly identified issue at either the patient or the facility level. Share this new status with the other facility that is involved in the care of the dialysis patient.

<input type="checkbox"/> Need to Share an Alert for a Dialysis Patient		
Dialysis Patient Name:	Dialysis Day: <input type="checkbox"/> M/W/F <input type="checkbox"/> T/Th/Sat	Mode of Transportation: <input type="checkbox"/> Family-Owned Vehicle <input type="checkbox"/> Ride-share Transport <input type="checkbox"/> Nursing Home Owned Transport
Does the patient/resident exhibit new signs or symptoms of respiratory illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient/resident have a newly identified reportable communicable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, was this reported to any authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Reported: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the patient/resident newly tested for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, date of test: _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	PUI Number: _____	
<input type="checkbox"/> Need to Share an Alert About My Facility		
Facility Name: _____		
Do you have patients/staff who have exhibited new signs or symptoms of respiratory illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have patients/staff who have newly tested positive for a communicable disease in your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have patients/staff who have newly tested positive for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Change in Condition Alert Completed by: (staff name) _____		
Date Completed: _____	I shared this form with the patient's care team: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Point of Contact: _____		
Fax Number: _____		
Date Shared: _____		



This resource was developed while under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contract HHSM-500-2016-00010C and HHSM-500-2016-00012C. The contents presented do not necessarily reflect CMS policy. 20.Q-ESRD.06.086

One day prior to transferring a patient between facilities, quickly consider any NEW occurrence of infection, illness or COVID-19 exposure.

Complete the form by first indicating if this NEW condition is at the patient level (check box near top of form) or at the facility level (check box near the middle of the form).

- If at the patient level: Enter the patient’s name and treatment details, then check “yes” in the appropriate condition areas.
- If at the facility level: Enter the name of your facility and check “yes” in the appropriate condition areas.

Provide your contact information at the bottom of the form and then FAX to the other facility.

This form may be completed by either the dialysis or long term care facility.

Quick Huddle Discussion Topics

- ▶▶ Certain events (at the patient- or facility-level) need to be shared with other levels of care to help them prepare for the transfer of a patient
- ▶▶ This form was designed for one facility to share small amounts of information with another
- ▶▶ Follow-up communication should be expected between the facilities