

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.

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/Own 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: _____		
Was the patient/resident newly tested for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, date of test: _____ PUI Number: _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending		

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: _____

