

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/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		
<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: _____	

