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April 3, 2020

The American Society of Nephrology and the American College of Emergency Physicians issue this joint statement on the appropriate use of emergency departments (ED) during the COVID-19 pandemic.

Dialysis facilities should implement measures to identify patients with signs and symptoms of respiratory infection (such as fever and cough) at or prior to arrival at a dialysis facility (before patients enter the treatment area).

When COVID-19 is suspected or confirmed in a hemodialysis patient, dialysis staff should follow the Centers for Disease Control and Prevention (CDC) [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Unless a patient is too sick, dialysis is most appropriately provided at an outpatient dialysis center. In the context of COVID-19, mild symptoms that do not require hospitalization should not be referred to the ED.

This guidance will ensure that dialysis is delivered safely, as prescribed, in the dialysis facility, and the patient will avoid exposure to an already overburdened hospital emergency department unless the patient's signs or symptoms warrant such care.

If a patient is being referred to the emergency department for a complaint that is not a time – dependent emergency, the dialysis center should discuss the case with their medical director and with the ED before sending the patient.