An Emergency Preparedness Guide for Dialysis & Transplant Patients

Distributed by

The End Stage Renal Disease Network of Texas

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Dallas, Texas 75254
esrdnetwork.org
972-503-3215 / 877-886-4435 (Patient toll free line)

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Across the United States and around the world, natural disasters and severe weather remain among the unpredictable parts of life. Emergencies often strike quickly, and without warning. In Texas, the gulf coast area is at high risk of hurricanes. North Texas is at an increased risk of tornados, while most of the state is at risk of ice storms or flash flooding. Man-made threats may come from chemical facilities, nuclear power plants and even terrorism.

Dialysis patients are particularly at risk, being entirely dependent on power and water for dialysis treatment. These utilities may be down for several days. In emergency situations, telephones may not work, and roads and bridges may be impassable. You or your facility staff may not be able to get to your clinic.

Emergency rooms may be crowded, and hospitals burdened with the seriously injured. People on dialysis cannot assume that they will be accepted for timely dialysis treatments at their own or another facility.

**What will happen during an emergency?**
Possibly nothing. However, you may be without many services, such as telephones, running water and electricity. You may or may not be able to communicate with your clinic or doctor. You may have to rely on foods that require little or no cooking. If your home is destroyed along with your medications, you may need to locate replacement medications.

**How do I prepare myself for an emergency situation?**
Knowing how to be ready in case of emergencies can protect your life! This Guide provides lists on what to have at home to prepare for emergencies. In addition, it provides helpful ideas on how to manage during a disaster.

This Guide is provided to you as a general resource and reference. It will help you to be prepared in the event the unexpected happens. It is important for you to know the emergency plan for your center, know how to survive two or
more days if your facility is unable to re-open, and know how to limit your food and fluid intake. (Talk with your dietitian or doctor for advice).

You will find the following information and resources inside this guide:

- Questions and answers about disaster preparedness
- Emergency preparedness resources
- Emergency diet plans
- Suggested emergency diet grocery list
- Form to list medications
- Medical history and treatment information form
- Suggested content list for emergency box

During an emergency your facility will share as much information as possible about your treatment needs. Please understand there may be that rare emergency when little information is available. If you are sent to another unit, the dialyzer or number of hours of treatment may be different. It is most important that you are aware of any allergies you may have, including medications and dialyzers, so you can share this information with the facility where you will receive your treatment. The emergency diet in this guide will help you control your fluid and food intake.

Keep this guide in a place where it can be reached quickly, if necessary. It is our hope you will read the guide and will be prepared.

As always, if you need immediate medical attention contact your doctor or dial 911.
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Question: How will I know where to go to get a dialysis treatment if my facility is closed or destroyed?
In the unlikely event this happens, a representative from your clinic will contact you with information on where to go. Another option may be to call your Nephrologist’s office to find out where he/she is sending his/her patients, or call the ESRD Network of Texas at 972/503-3215 or 877/886-4435 (patients’ only toll-free line) for assistance.

Question: How long can a person live without dialysis?
How long a person can live without dialysis is dependent on a number of factors including, how much residual kidney function the person has, fluid and diet intake and individual medical problems. In general, a person can live for 14-21 days, but this will vary by individual.

Question: What should I do if my home is destroyed and my transplant rejection medications are lost?
You should contact your doctor or transplant clinic for additional medications.

Question: What happens if I can’t find a dialysis unit and I am feeling sick?
If no one from your clinic has contacted you or you are unable to speak with your Nephrologist, then you should go to your local hospital for evaluation of your health or call 911.

Question: How do I pay for my treatment if I have to go to another facility?
The emergency facility will work with you and your facility to arrange for payment. You may be asked to provide a co-payment or insurance information.
**Question:** I do not drive. How will I get to a facility if I have to go to a facility far way from my home?

Plan ahead by discussing your transportation needs with your facility social worker and arranging with your family and friends to transport you. Lastly, your community emergency workers may arrange city bus or other forms of transportation to help transport people.

**Question:** I dialyze at home. What can I do to make sure my utility company knows I need electricity and water to receive medical treatment in my home?

Many utility companies have a system in place that prioritizes which business or homes have their utility services re-started. You should contact each utility and request that your home address be added to the **Priority Services List**.

**Question:** So I can be prepared, how can I find a list of dialysis facilities in Texas or another state?

Talk with your facility social worker for a list, or go to the Medicare Dialysis Facility Compare Web site ([www.medicare.gov](http://www.medicare.gov)) web site or ESRD Network of Texas web site ([www.esrdnetwork.org](http://www.esrdnetwork.org)) to view and print facility names and addresses.
Additional Resources for Disaster Preparedness

National Kidney Foundation
30 East 33rd Street
New York, NY 10016
212.889.2210
www.kidney.org

Brief Description of Resources
The National Kidney Foundation offers a number of educational resources for patients. Titles include:
• Planning for Natural Disasters and Other Emergencies: A Guide for Kidney Patients
• Emergency Meal Planning

Centers for Medicare and Medicaid Services
Preparing for Emergencies: a Guide for People on Dialysis
HCFA Publication No. 10150
Contact ESRD Network office or view and print from www.medicare.gov

Resources for locating and contacting dialysis facilities for evacuated patients.
• ESRD Network of Texas website www.esrdnetwork.org or call the ESRD Network of Texas for names facility names and locations. 877-886-4435.

• Medicare has a web site www.medicare.gov that has a link to Dialysis Facility Compare web page that can be searched to locate a facility anywhere in the country.

• Other sites include www.dialysisfinder.com or www.WhereDialysis.com. Each offers a search by city, or zip code and even prints a map of facility locations.
FROM "THE SOCIAL WORKER"

In case of an emergency (fire, flood, snowstorm, tornado), you may not be able to have your next scheduled dialysis treatment at the same place or time. Be flexible if changes must be made due to the emergency.

Shelter

Have a list of places where you may stay in case you are evacuated from your home, such as a friend or relative’s home or Red Cross shelter. Obtain phone numbers for all those places and provide them to the dialysis unit.

Transportation

Have alternative transportation available if your usual "ride" is not available. This can also be friends, relatives, or another patient. This is a good time "to buddy up" with a patient if you have not already done so. You can share lodging and/or transportation and not feel "so alone" if you have someone "to check up" on and vice versa.

Again, provide the dialysis unit with as many phone numbers as possible. They will need to contact you about any change in your treatment schedule.

Also, do not be shy about asking for help. People will not feel "imposed" upon in a time of crisis. In fact, in a time of crisis, people want to help. It makes them feel good about themselves!
Stress Reactions

It is very normal to feel anxious and upset when you are involved in a disaster or crisis situation. The dialysis patient may feel the symptoms more intensely than another individual who does not have to plan for life-sustaining treatments daily/weekly.

The following signs and symptoms are very common in crisis situations. You may experience just one or several at a time. Do not be too alarmed; these symptoms are very normal. If, however, they last longer than 2 to 4 weeks and are affecting your health, please talk to a member of the dialysis team (doctor, nurse, social worker).

**COMMON SYMPTOMS OF STRESS**

- Anxiety
- Irritability
- Nightmares
- Sleeplessness
- Appetite Loss
- Inability to Concentrate
- Crying Spells
- Memory Problems
- Anger
- Panic Attacks
- Difficulty Making Decisions
- Feeling Overwhelmed

Remember in most cases, you are reacting very normally to an abnormal situation. These are some of the things you can do for yourself and your family during this time:

- Recognize your own feelings
- Talk to others; it will help relieve your stress
- Accept help from others
- Get enough rest
- Be as physically active as possible
- Eat as healthy a diet as possible
EMERGENCY PREPAREDNESS PLAN FOR THE DIALYSIS PATIENT

- Know the **Emergency Preparedness Plan** of your dialysis facility.
- Provide facility with current telephone numbers: personal, relatives, and friends.
- Keep copies of your medical and dialysis history.
- Wear a medical alert ID card or bracelet.
- Maintain a week's supply of your current medications at all times and instructions for use of Kayexalate (a medicine that helps the body remove excess potassium via bowel movements).
- Know how to care for your vascular access.
- Maintain emergency supplies. EXAMPLE: Flashlight or battery powered lantern with extra batteries and important personal items, manual can-opener, paper goods and plastic ware.
- Remain at home and listen for public service broadcasts on local radio or TV stations. Your dialysis facility staff will attempt to contact you.
- If you must seek shelter, take your week's supply of medications, your emergency supplies, personal items, blanket, medical information and Medic Alert ID information. Tell person in charge about your special needs.
- Know your dietary guidelines for emergency preparedness.
- Maintain dietary supplies.
ABOUT YOUR DIET

If you are unable to receive your scheduled dialysis treatment due to extreme weather or any other disaster, remember:

Follow the suggested Emergency Diet in this guide and/or changes that you have discussed with your dietitian. **Be sure to choose the correct diet version and grocery list. Included are diets and grocery lists for adults (diabetic and non-diabetic).** This diet is intended to limit the sodium, potassium, protein, and fluid load on your body in the event that your time between treatments is extended beyond your control. Following this diet will lessen the risk of high blood pressure, shortness of breath, or increased potassium levels that could cause your heart to stop. You should follow this diet **only** for the period of time that is necessary until your dialysis services can be resumed.

**FLUIDS:**

IT IS NECESSARY TO RESTRICT FLUIDS EVEN MORE THAN BEFORE! with the fluid specified in your meal plan.

* Your 2-cup daily limit allows for
* Take your phosphate binder 4 ounces or 1/2 cup of fluid in addition to the 1 1/2 cups in your meal plan. Canned or bottled carbonated beverages will provide more calories than bottled water and often are a better choice for non-diabetics.
* Chew gum to quench thirst.
**SODIUM:**
* Avoid table salt and salt substitutes.
* Flavor with herbal seasoning, garlic powder, and lemon juice.
* One egg or one ounce of meat (cooked) that has been stored at a safe temperature can be substituted for 1/4 cup of low sodium canned meat.

**FOOD SAFETY:**
* If foods that normally require refrigeration cannot be kept cold enough, they should not be consumed after 4 hours.
* Use ice or snow to keep foods chilled when refrigeration is not available.

**FOOD STORAGE:**
* Keep foods stored in a sturdy box in a closet, or garage (away from water or animals).
* Replace bottled water every six months.
* Breads should be stored in your freezer. Crackers and cereals should be stored in a tin or sealed container and replaced monthly.
* Powdered drinks such as Tang, Kool-Aid or Crystal Lite can be kept on hand but require water. Avoid sports drinks such as Gatorade.
* Store sugar, candies and dry milk in a sealed container to protect from insects.
SUPPLEMENT OPTION:

* If purchasing emergency food supplies keeps falling to the bottom of your "to do" list, you may want to consider purchasing a convenient specialized liquid nutrition product to drink instead of following the suggested meal plan. Your dietitian can advise you on the commercially prepared product that will provide lower amounts of protein, sodium, potassium, and fluid. This option reduces concerns for storage, space, and preparation. Your dietitian can help you to determine the correct amount to consume and how to adjust your other fluid intake.
Adult Non-Diabetic
THREE DAY MEAL PLAN FOR EMERGENCIES

The sample meal plan given contains approximately 42 grams of protein, 1200 mgs. sodium, 1200 mgs. potassium, 630 mgs. phosphorus, and 1925 calories.

Day 1

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
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<tbody>
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<td>2 slices white bread</td>
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<tr>
<td>3/4 cup dry cereal</td>
<td>2 ounces unsalted tuna fish*</td>
<td>2 ounces unsalted chicken*</td>
</tr>
<tr>
<td>1 tablespoon sugar</td>
<td>1 tablespoon margarine, oil, or mayonnaise*</td>
<td>2 tablespoons margarine, oil, or mayonnaise*</td>
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<tr>
<td>1/2 cup drained pineapple</td>
<td>1/2 cup low sodium green beans</td>
<td>1/2 cup drained pears</td>
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<td>1/2 cup cranberry juice or drink from powdered mix</td>
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**Morning Snack**  **Afternoon Snack**  **Evening Snack**

| 10 candies (see grocery list) | 10 marshmallows | 5 vanilla wafers or 5 sugar wafers or 3 graham cracker squares or 6 unsalted crackers |
| 1/2 cup applesauce            | 2 tablespoons honey or jelly as desired on wafers |
| 10 candies                    | 10 candies      |

*If unable to keep food chilled in refrigerator, after opening, keep packed in cooler with ice or snow and discard at the end of the day.
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**Day 2**

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<td>1 tablespoon sugar</td>
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<td>1/2 cup drained peaches</td>
<td>4 spears low sodium asparagus</td>
<td>1/2 cup drained pineapple</td>
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<td>1/2 cup cranberry juice or drink from powdered mix</td>
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<tr>
<td>1/2 cup drained pears</td>
<td>1/2 cup low sodium carrots</td>
<td>1/2 cup drained cherries</td>
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**Morning Snack** | **Afternoon Snack** | **Evening Snack**
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10 marshmallows | 10 candies | 5 vanilla wafers or 5 sugar wafers or 3 graham cracker squares or 6 unsalted crackers
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10 candies (see grocery list) | | 10 candies

*If unable to keep food chilled in refrigerator, after opening, keep packed in cooler with ice or snow and discard at the end of the day.*
SUGGESTED GROCERY LIST FOR EMERGENCIES
ADULT RENAL NON-DIABETIC DIET

BREAD/CEREAL  (Choose 5-6 servings per day)
  White bread     Dry cereal (sweetened preferred)
  Graham crackers Puffed wheat
  Unsalted crackers (plain) Puffed rice
  Vanilla wafers or sugar wafers Crisped rice

FRUITS/JUICES  (Choose 2-4 servings per day)
  Canned applesauce, pears, peaches, cherries, or pineapple

FISH/MEAT  (4 oz. per day) Choose from:
  Unsalted canned tuna, chicken, turkey in water

FROZEN OR SHELF STABLE NON-DAIRY CREAMER  (4 oz. per day)

SWEETS
  Choose from: Marshmallows Honey
               Sugar Jelly
               Assorted candies (jelly beans, sourballs, mints, hard candies)

VEGETABLES  (1/2 cup/day)
  Choose from canned: low sodium green beans, asparagus, or carrots

FATS  (Choose 6 or more servings per day)
  Margarine* Oil (olive or vegetable)
  Mayonnaise (perishable after opening)*

OTHER BEVERAGES  (Limit to 1/2 cup/day in addition to meal plan)
  1 gallon of spring water Gingerale or lemon-lime soda
  Cranberry juice Powdered juice mix (Kool-Aid, Tang)

OTHER
  Herbal seasoning Garlic powder
  Breath spray Chewing gum
  Fresh or reconstituted lemon juice

*Individual mayonnaise or margarine packets are recommended to avoid spoilage
**Adult Diabetic**

**THREE DAY MEAL PLAN FOR EMERGENCIES**

The sample meal plan given contains approximately 43 grams of protein, 1200 mgs. sodium, 1300 mgs. potassium, 675 mgs. phosphorus, 190 grams carbohydrate, and 1700 calories. You can adjust menus to fit your individual taste with the help of your dietitian. These meal plans are stricter than your normal renal-diabetic diet to keep poisons from building up in your blood.

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<tr>
<td>1/2 cup drained pineapple</td>
<td>1 1/2 tablespoons margarine, oil, or mayonnaise*</td>
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<tr>
<td>(canned in juice)</td>
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<tr>
<td>1/2 cup low sodium green beans</td>
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<td>1/2 cup drained peaches (canned in juice)</td>
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<tr>
<td>1/2 cup cranberry juice **</td>
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<td>1/4 cup cranberry juice **</td>
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**Afternoon Snack**

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<th><strong>Evening Snack</strong></th>
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<tr>
<td>1/2 cup applesauce (sugar-free)</td>
<td>1/4 cup cranberry juice **</td>
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<td></td>
<td>5 vanilla wafers or 3 graham cracker squares or 6 unsalted crackers</td>
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<td>1 teaspoon margarine and 1 TBSP teaspoons jelly</td>
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**Low calorie cranberry juice**
**Adult Diabetic**

**THREE DAY MEAL PLAN FOR EMERGENCIES**
(Continued)

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<td>4 spears low sodium asparagus</td>
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<td>1/2 cup low sodium carrots</td>
<td>1/2 cup drained cherries (canned in juice)</td>
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**Afternoon Snack**

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**Low calorie cranberry juice**
SUGGESTED GROCERY LIST FOR EMERGENCIES
ADULT RENAL DIABETIC DIET

BREAD/CEREAL (Choose 5 servings per day)
- White bread
- Dry cereal
- Vanilla wafers
- Puffed wheat
- Graham crackers
- Puffed rice
- Unsalted crackers (plain)
- Crisped rice

FRUITS (Choose 3 servings per day canned in own juices)
- Applesauce
- Pears
- Peaches
- Pineapple
- Cherries

FISH/MEAT (Choose 4 ounces per day)
- Unsalted canned tuna in water
- Unsalted canned chicken in water
- Unsalted canned turkey in water

VEGETABLES (1 serving per day)
- Choose from canned: low sodium asparagus, green beans, or carrots

FROZEN OR SHELF STABLE NON-DAIRY CREAMER (4 ounces per day)

FATS (10 servings per day)
- Margarine**
- Oil (olive or vegetable)
- Mayonnaise (perishable after opening)**

HIGH CALORIC FOODS (Choose 3 servings per day and if needed 1 serving to raise blood sugar)
- Honey (1 Tablespoon=1 serving)
- Jelly (1 Tablespoon=1 serving)
- Sugar (4 teaspoons=1 serving)
- Low calorie cranberry juice (1/2 cup)
- Powered drink mix (1/2 cup, mixed)
- Carbonated beverages (1/2 cup)

OTHER BEVERAGES (Limit to 1/2 cup/day in addition to meal plan)
- 1 gallon of spring water
- Diet lemon-lime carbonated beverage or diet ginger ale

OTHER (seasoning and fluid control aids)
- Breath spray
- Fresh or reconstituted lemon juice
- Herbal seasoning or garlic powder
- Sugarless gum

SUGAR FREE HARD CANDIES, as desired

**Individual mayonnaise or margarine packets are recommended to avoid spoilage
# Adult Diabetic Menu Pattern

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
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</thead>
<tbody>
<tr>
<td>1 milk substitute (1/2 cup)</td>
<td>2 starches</td>
<td>2 starches</td>
</tr>
<tr>
<td>1 starch</td>
<td>2 meats</td>
<td>2 meats</td>
</tr>
<tr>
<td>1 fruit</td>
<td>4 1/2 fat</td>
<td>4 1/2 fat</td>
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<tr>
<td></td>
<td>1 vegetable</td>
<td>1 fruit</td>
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<tr>
<td></td>
<td>1 high calorie</td>
<td>1/2 high calorie</td>
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**Afternoon Snack**

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<tr>
<td>1 fruit</td>
<td>1 starch</td>
</tr>
<tr>
<td></td>
<td>1 fat</td>
</tr>
<tr>
<td></td>
<td>1 high calorie</td>
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**Evening Snack**
SAMPLE FORMS
Medication List

List medications you are taking
(Remember to periodically update this list to keep it current)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>How often you take this medication</th>
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</tbody>
</table>
Medical History and Dialysis Treatment Information

In Case of Emergency

If you must go to a dialysis center or hospital other than your own or if your records are unavailable or destroyed, have your medical information available for your doctor and nurses. This form allows you to record some of the most important information. In most cases your facility will provide you with copy of medical history, laboratory data and dialysis treatment information. Ask one of your nurses if you need help completing form.

Please print the information clearly, and update if information changes.

Date: __________________

ABOUT YOU THE PATIENT

Last Name: _________________________________ First:_____________________________
Address: _____________________________________________________________________
City/State:__________________________________ Zip:______________________________
Phone Numbers: ________________________________     __________________________

Nearest relative or friend to be contacted in case of emergency

Last Name: ________________________________
First:_______________________________
Relationship:__________________________________________________________________
Address: _____________________________________________________________________
City/State:__________________________________ Zip:______________________________
Phone Numbers: ________________________________  ______________________________

INSURANCE INFORMATION

Medicare Number:_____________________Social Security Number:_____________________
Insurance coverage/policy numbers:________________________________________________

MEDICAL HISTORY AND CLINIC INFORMATION

Name of Dialysis Facility:________________________________________________________
Address: _____________________________________________________________________
City/State:__________________________________ Zip:______________________________
Phone Number:______________________________________________________________
Nephrologist Name:_____________________________________________________________
Phone Number:______________________________________________________________
Primary cause of kidney failure:___________________________________________________
Allergies:_____________________________________________________________________
Other medical conditions being treated:___________________________________________
Hepatitis B Antigen +: (Circle) Yes   No         Date of LAST Test:_____________________
Medical History and Dialysis Treatment Information

**USUAL HEMODIALYSIS PRESCRIPTION**

Type of ESRD treatment: (✓ one)  □ Hemodialysis  □ Peritoneal Dialysis

(Ask doctor or nurse for help with this information)

Dialyzer Name: ____________________________
Dialysate Bath:  Potassium _____  Calcium _____
Blood Flow Rate: _____________________ ml/min  Heparin Dose: ______________ units
Prescribed treatment time: ___________ minutes  Dry Weight: ___________ kgs
Vascular access type: (✓ one)  □ Graft  □ Fistula  □ Catheter  □ Port
Erythropoietin (i.e., Epogen®): ______________ units each treatment
IV Iron Dose: ______________ mgs each treatment
Vitamin D Dose: ______________ µgs each treatment

-------------------------------------------------------------------------------------------------------------------------------------

**PERITONEAL DIALYSIS PRESCRIPTION**

(Ask nurse for help with this information)

Peritoneal dialysis method: (✓ one)
□ Continuous Ambulatory (CAPD)
□ Continuous Cycling (CCPD)
Exchanges per day: #______  Total Daily Volume: #______
Dialysate: ________________________________
Type of System: (or cycler)________________ Connecting System: ____________
Catheter Type: ___________________________
An Emergency Preparedness Guide For Dialysis & Transplant Patients

**Dialysis Patient Emergency Box**

Pack an emergency box so that you have everything you need at hand.

Review and restock it every 6 months.

- This Guide
- Medical History and Dialysis Prescription Information
- Three-day meal plan for emergencies
- Food for 3-day emergency diet plan
- Radio and extra batteries
- Flashlight and extra batteries
- Candles and matches (do not use if you suspect a gas leak)
- Plastic forks, spoons, knives, paper plates, bowls, and cups
- Baby wipes/ napkins
- Can opener
- 5-7 day supply of medication(s)
- Sharp knife
- Plastic jugs filled with water
- First aid kit
Texas Cities with at Least One Dialysis Facility
As of April 2003.

<table>
<thead>
<tr>
<th>City</th>
<th>City</th>
<th>City</th>
<th>City</th>
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<tbody>
<tr>
<td>ABILENE</td>
<td>DEER PARK</td>
<td>KATY</td>
<td>PARIS</td>
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<td>ROUND ROCK</td>
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<td>WAXAHACHIE</td>
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<td>PAMPA</td>
<td>WICHITA FALLS</td>
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</tbody>
</table>

Resources for locating and contacting dialysis facilities for evacuated patients.

- ESRD Network of Texas web site [www.esrdnetwork.org](http://www.esrdnetwork.org) or call the ESRD Network of Texas for facility names and locations. 877-886-4435.

- Medicare has a web site [www.medicare.gov](http://www.medicare.gov) that has a link to *Dialysis Facility Compare* web page that can be searched to locate a facility anywhere in the country.

- Other sites include [www.dialysisfinder.com](http://www.dialysisfinder.com) or [www.WhereDialysis.com](http://www.WhereDialysis.com). Each offers a search by city, or zip code and even prints a map of facility locations.
Information and resources included in this guide were adapted from Centers for Medicare and Medicaid Publications, *Preparing for Emergencies; A Guide for People on Dialysis, A Guide for Chronic Dialysis Facilities; and Preparing for Emergencies*, as well as, Emergency Preparedness resources from ESRD Network #4 and ESRD Network #17.

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