



# Emergency Preparedness Checklist and Tips

*An emergency can happen at a moment's notice.*

*Act now and prepare before disaster strikes! This checklist will help you get started.*

## You're not prepared if you cannot check these items on your emergency plan:

**My dialysis facility has the current street address and phone number(s) that they need to contact me and/or household member(s) or care partner(s).**

**I have discussed my emergency plan and my dialysis facility with my household members.**

Dialysis facility name: \_\_\_\_\_

Dialysis facility address: \_\_\_\_\_

Dialysis facility telephone number: \_\_\_\_\_

**I have a back-up plan to get care if my dialysis facility is closed.**

Alternative dialysis facility: \_\_\_\_\_

Alternative dialysis facility address: \_\_\_\_\_

Alternative dialysis facility telephone number: \_\_\_\_\_

**I have a copy of my current treatment prescription record.**

### Current Dialysis Prescription

Time on treatment: \_\_\_\_\_

Dialysate: \_\_\_\_\_

Blood flow rate: \_\_\_\_\_

Treatment anticoagulation

Dialysate flow rate: \_\_\_\_\_

medication: \_\_\_\_\_

**I have an additional medical condition:** \_\_\_\_\_

**I check the items in my emergency kit every six months to ensure they have not expired and are working properly.**

**I review and update my emergency list at least every six months.**

### Use this list to help you build your emergency kit:

- |   |  |
|---|--|
| <input type="checkbox"/> Prescription medications and list of medications | <input type="checkbox"/> Warm blanket                                    |
| <input type="checkbox"/> Insurance and/or Medicare Card                   | <input type="checkbox"/> Battery-powered radio                           |
| <input type="checkbox"/> Current copy of monthly lab report               | <input type="checkbox"/> Flashlight with extra batteries                 |
| <input type="checkbox"/> First aid kit                                    | <input type="checkbox"/> Cell phone with charger                         |
| <input type="checkbox"/> Bottled water                                    | <input type="checkbox"/> Books, games, puzzles                           |
| <input type="checkbox"/> Renal diet friendly non-perishable food          | <input type="checkbox"/> Contact list of healthcare members              |
| <input type="checkbox"/> Cash   | <input type="checkbox"/> Picture ID                                      |
| <input type="checkbox"/> Spare glasses                                    | <input type="checkbox"/> Car tank full of gas/alternative transportation |
| <input type="checkbox"/> Manual can opener                                |  |

**Discuss your emergency plans with your household members and care team.**

### Patient Assistance Hotlines

**ARA: 888.880.6867 DaVita: 800.400.8331 DCI: 866.424.1990 Fresenius: 800.626.1297 US Renal Care: 866.671.8772**

**ESRD Network:** \_\_\_\_\_