Emergencies caused by severe weather or disasters can happen with or without warning.

◊ If you need dialysis, having power and water, transportation or supplies may be very important.

◊ Some emergency situations may make it impossible for you to get to your dialysis facility or give yourself dialysis.

It is important to be prepared so you can feel better and stay healthy.

For More Information:
Renal Network 11
1360 Energy Park Drive, Suite 200
St. Paul, MN 55108
1-800-973-3773

HTTP://WWW.ESRDNET11.ORG/RESOURCES/DISASTER_PREP.ASP

This booklet was adapted from CMS Publication No. 10150, “Preparing for Emergencies: A Guide for People on Dialysis, 2004.”
How to Use This Guide

**IMPORTANT:** This booklet has helpful information for people on dialysis. However, you should always ask your doctor for medical advice. The tips in the booklet may NOT work for every patient or in every emergency situation. You may have special health problems or conditions that will need to be handled differently. Talk to your doctor and renal dietitian to discuss which of the tips in this booklet can work for you, and which tips you should adjust. If you need immediate medical attention at any time, try to contact your doctor, or dial 911 (where available).

This booklet was developed for patients receiving dialysis to help them prepare if an event occurs in which they cannot access dialysis.

**Steps to Prepare for an Emergency**

1. Gather and carry important medical information (see pages 3, and 6-8). Ask your dialysis provider about how to find alternative arrangements for treatment in the event you cannot reach your dialysis facility.

2. Prepare an emergency stock of supplies, food, and medicines. (See emergency supply checklist on page 8, and emergency grocery list on page 4).

3. Know what diet to follow if your dialysis must be delayed. Ask your doctor or dietitian which diet is best for you and see sample menu on page 5.

**Steps to Take When an Emergency Occurs**

1. Ensure environment is safe.

2. Stay home unless you are injured.

3. Notify your dialysis facility that you are not able to come to the facility for treatment and await further instruction. If you cannot reach your dialysis facility, contact your ESRD Network for assistance.

4. Start to follow your emergency diet (see pages 4 and 5).

5. Contact your water and/or electric utility companies if you are without power and water. Notify them of your special needs.
You need to carry information about all the medicines you take.

List those prescribed by your doctor and any over-the-counter medicines you may take.

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Dose of medication</th>
<th>How many pills do you take each time?</th>
<th>How many times per day?</th>
<th>What time(s) to take pills?</th>
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</table>
Food Supply List

This list provides a 6-day supply of canned foods and water.

Use fresh foods as long as they are available.

___ 4 – 8 ounce (oz.) cans of evaporated milk
___ 1 or 2 gallons of distilled or bottle water
___ 2 packages powdered fruit-flavored drink mix
___ 1-2 cans or bottles of soft drink
___ 6-pack of 4 oz. cans/boxes of fruit juice (cranberry, apple, or grape)
___ 6 boxes of single-serving cereal (NO Raisin Bran)
___ small box of white sugar (or box of sugar packets)
___ 12 – 4 oz. cans or “fruit bowls” of fruit (NO raisins)
___ 6 – 8 oz. cans of low sodium vegetables (carrots, green beans, peas, corn, or wax beans)
___ 6 – 3 oz. or 4 oz. cans of low sodium meat (tuna, crab, chicken, salmon, or turkey)
___ 1 jar peanut butter
___ 1 small jar jelly or honey
___ 8-12 single-serve foil wrapped packs mayonnaise
___ 1 loaf regular bread (not salt-free, NO preservatives)
___ 1 box vanilla wafers OR graham crackers
___ 1 jumbo pack of chewing gum
# 3-Day Emergency Diet Plan

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
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</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td><strong>Breakfast</strong></td>
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</tr>
<tr>
<td>1/4 cup evaporated milk with 1/4 cup distilled water</td>
<td>1/4 cup evaporated milk with 1/4 cup distilled water</td>
<td>1/4 cup evaporated milk with 1/4 cup distilled water</td>
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<tr>
<td>1 box of cereal</td>
<td>1 box of cereal</td>
<td>1 box of cereal</td>
</tr>
<tr>
<td>1/2 can (2 oz.) of canned peaches (drained)</td>
<td>1/2 can (2 oz.) of canned pears (drained)</td>
<td>1/2 cup of cherries (drained)</td>
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<tr>
<td><strong>Snack</strong></td>
<td><strong>Snack</strong></td>
<td><strong>Snack</strong></td>
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<tr>
<td>Vanilla wafers (5) or graham crackers (1–1/2 squares)</td>
<td>1/2 cup canned applesauce</td>
<td>Vanilla wafers (5) or graham crackers (1–1/2 squares)</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
</tr>
<tr>
<td>Peanut butter and jelly sandwich: 2 slices of bread 2 tbsp. peanut btr. 2 tbsp. jelly 1/2 cup canned pears (drained) 1/2 cup (4 oz.) pre–made powdered fruit drink</td>
<td>Chicken Sandwich: 2 slices of bread 1/4 cup (1 oz.) canned low sodium chicken* 1 tbsp. mayo.* 1/2 cup pineapple (drained) 1/2 cup pre–made powdered fruit drink</td>
<td>Peanut butter and jelly sandwich: 2 slices of bread 2 tbsp. peanut btr. 2 tbsp. jelly or honey 1/2 cup canned peaches (drained) 1/2 cup cranberry juice</td>
</tr>
<tr>
<td><strong>Snack</strong></td>
<td><strong>Snack</strong></td>
<td><strong>Snack</strong></td>
</tr>
<tr>
<td>1/2 cup canned applesauce</td>
<td>1/2 cup canned applesauce</td>
<td>1/2 cup canned applesauce</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td><strong>Dinner</strong></td>
<td><strong>Dinner</strong></td>
</tr>
<tr>
<td>Chicken sandwich: 2 slices of bread 1/2 can (2 oz.) canned low sodium chicken* 2 tbsp. mayo.* 1/2 cup canned low sodium carrots (drained) 1/2 cup cranberry juice</td>
<td>Tuna Sandwich: 2 slices of bread 1/2 can (2 oz.) canned low sodium tuna* 1-2 tbsp. mayo.* 1/2 cup canned low sodium peas (drained) 1/2 cup cranberry juice</td>
<td>Salmon sandwich: 2 slices of bread 1/2 can (2 oz.) canned low sodium salmon* 1-2 tbsp. mayo.* 1/2 cup of canned low sodium green beans (drained) 1/2 cup of soft drink</td>
</tr>
<tr>
<td><strong>Snack</strong></td>
<td><strong>Snack</strong></td>
<td><strong>Snack</strong></td>
</tr>
<tr>
<td>Vanilla wafers (5) or graham crackers (1–1/2 squares)</td>
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<td>Vanilla wafers (5) or graham crackers (1–1/2 squares)</td>
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</tbody>
</table>

*Perishable item: Throw away unused food in open containers if not refrigerated or used within 4 hours.
Your usual dialysis treatment (check one):

____ In–Center hemodialysis
____ Home hemodialysis
____ Chronic ambulatory peritoneal dialysis (CAPD)
____ Chronic cycling peritoneal dialysis (CCPD)
____ Intermittent peritoneal dialysis (IPD)

Your dialysis center: ________________________________  

(NAME OF CENTER)

Address: _______________________________________
City:____________________ State:_________ Zip:_________
Phone: ________________________________

Your doctors:

• Nephrologist Name: ____________________________  
  Phone: ________________________________

• Primary Care Name: ____________________________  
  Phone: ________________________________

• Surgeon Name: _________________________________  
  Phone: ________________________________

• Other Doctor Name: ____________________________  
  Phone: ________________________________

Primary ESRD diagnosis: ____________________________

Other medical conditions: ____________________________  

______________________________________________  

______________________________________________  

______________________________________________  

______________________________________________

Allergies: ______________________________________ 

______________________________________________  

______________________________________________  

______________________________________________  

______________________________________________

P A G E  6
Contact Information

Print this information clearly using a pencil and update it regularly.

Date updated: ________________

Personal Information

Name: ____________________________

               Last                First               MI

Address: _____________________________

City: _______________  State: ___________  Zip: _______

Home Phone: ___________________________

Emergency Contact Name: ___________________________

Relationship to you: ___________________________

Address: _____________________________

City: _______________  State: ___________  Zip: _______

Phone: _____________________________

Insurance Information

Medicare Number: ___________________________

Other Insurance Provider: ___________________________

          Group Number: ___________________________

          ID Number: ___________________________

Important Phone Numbers

Pharmacy Name/Number: ___________________________

ESRD Network: ___________________________

Police: ___________________________

Electric: ___________________________

Water: ___________________________

Radio Station: ___________________________
Emergency Supply List

For all patients:
___ plastic knives, spoons, forks
___ pack of napkins and paper plates
___ pack of plastic or styrofoam bowls
___ paper towels
___ pack of plastic cups
___ candles
___ matches
___ can opener (manual)
___ baby wipes
___ sharp knife
___ flashlight & batteries
___ scissors
___ garbage bags
___ plastic jug for storing water
___ measuring cups, teaspoons and tablespoons, dropper
___ 1 small bottle of household chlorine bleach
___ piece of cloth, cheese cloth, or handkerchief
___ strainer
___ extra pair of eye glasses (in case first pair breaks)
___ radio & batteries
___ first aid kit
___ 5-7 day supply of all your medicines
___ 5-day supply of antibiotics (peritoneal dialysis only)
___ diuretics, sorbitol, and Kayexalate (if doctor orders)

If you are diabetic:
___ spare batteries and test strips for glucose meter
___ 5-7 day supply of glucose monitoring supplies
___ 5-7 day supply of syringes
___ 5-7 day supply of insulin

If you have heart disease:
___ 5-7 day supply of all blood pressure, heart, or anticlotting medications.