



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 identification |
| <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: _____