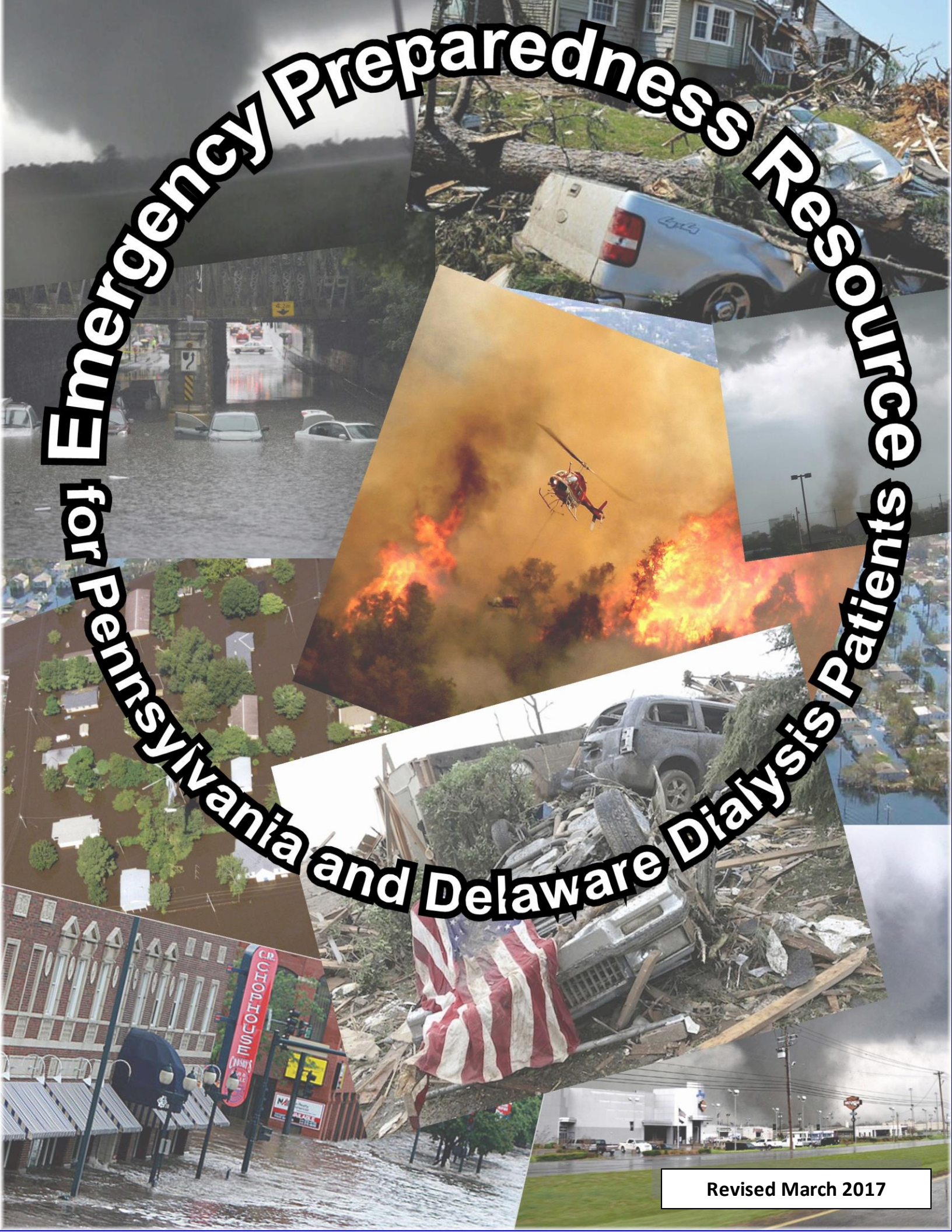


Emergency Preparedness Resource for Pennsylvania and Delaware Patients



Revised March 2017

Emergency Preparedness Resource for Pennsylvania and Delaware Dialysis Patients

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INTRODUCTION

The following information has been developed to help you in the event of an emergency that might cause a delay in your dialysis treatment or is a threat to your environment. As you read this guide you will think of additional ideas or questions about what you would do in an emergency. We encourage you to speak with your dialysis unit staff about any ideas you may want to share or any questions you have. While none of us like to think about something bad happening, taking the time to review this information and prepare for emergencies now, will not only save you time and worry later, but also may save your life.

Emergencies can take many different forms. They can include a delay in your treatment or a need to travel to another dialysis center for your next treatment. We, in Northeastern United States, historically do not face as many natural disasters as our friends in other parts of the country. Yet, we have seen an increased number of snowstorms, floods, fires, tornados or most recently Super Storm Sandy. You cannot control where or when a disaster may strike, but you can control how you react and what you do should a disaster occur.

Included in the following information are suggested diets you can follow if you are unable to dialyze in your dialysis unit for a period of time. We have also provided a list of foods for use in an emergency situation if you cannot get to the market for an extended period of time.

In the case of an emergency, if you are unable to be dialyzed at your unit, you may be scheduled to dialyze in another unit. The

more you know and understand about your treatment, the more information you can share. You will find a Dialysis Patient Information Form, Treatment Information Form, and a Medication List at the end of this booklet. It is very important that you complete them and update any treatment or medication changes. During an emergency your unit 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 the number of hours of your 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 unit where you will receive your treatment. The emergency diet in this manual will help you control your fluid and food intake.

Remember: communication and teamwork are most important in an emergency situation.

FROM THE SOCIAL WORKER

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

Shelter

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

Transportation

Please 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, transportation, and not feel so alone if you have someone to check up on and vice versa.

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

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

- Recognize your own feelings
- Talk to others; it will help relieve your stress
- Accept help from others
- Get enough rest
- Get as much physical activity as possible
- Eat as healthy a diet as possible

EMERGENCY PREPAREDNESS PLAN FOR THE DIALYSIS PATIENT

- Know the Emergency Preparedness Plan of your dialysis unit.
- Provide unit with current telephone numbers: personal, relative, and friend.
- Maintain a week's supply of your current medications at all times. Ask your nurse about instructions for Kayexalate administration.
- Know how to care for your access.
- Maintain emergency supplies. **EXAMPLE:** Flashlight or battery powered lantern with extra batteries and important personal items, manual can-opener, paper goods, and plasticware.
- Remain at home and listen for public service broadcasts on local radio or TV stations. Your dialysis unit staff will attempt to contact you.
- If you must seek shelter take your week's supply of medications, your emergency supplies, personal items, blanket, and Medic Alert ID information.
- 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 booklet and/or changes which 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) and one for pediatric patients.** 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.

DIABETIC SUPPLIES:

IF YOU ARE A DIABETIC PATIENT, MAKE SURE YOU HAVE THE FOLLOWING AS PART OF YOUR EMERGENCY FOOD SUPPLIES:

- * Extra insulin and syringes
- * Extra batteries for your blood-sugar testing device
- * Extra supply of sugar, honey, glucose tablets or hard candy in case of low blood-sugar reactions

FLUIDS:

IT IS NECESSARY TO RESTRICT FLUIDS EVEN MORE THAN BEFORE!

- * Take your phosphate binder with the fluid specified in your meal plan.
- * Your 2 cup daily limit allows for 4 ounces or ½ 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 are often a better choice for non-diabetics.
- * Chew gum or suck on hard candies to quench thirst.

SODIUM:

- * Avoid table salt and salt substitutes.
- * Flavor food with herbed 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 ¼ 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 on the floor in a closet, service porch or garage (away from water or animals).
- * Rotate 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 rotated monthly.
- * Powdered drinks such as Wyler's® or Crystal Light® 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 might want to consider purchasing a convenient specialized liquid nutrition product to drink instead of following the suggested meal plan. Your dietitian can advise you of 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 Diets

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, and 630 mgs Phosphorus, for a total of 1925 calories per day.

Day 1

Breakfast	Lunch	Dinner
½ cup Rice Dream (Classic, not enriched)	2 slices white bread	2 slices white bread
¾ cup dry cereal	2 ounces unsalted tuna fish*	2 ounces unsalted chicken*
1 tablespoon sugar	1 tablespoon margarine, oil, or mayonnaise*	2 tablespoons margarine, oil, or mayonnaise*
½ cup drained pineapple	½ cup low sodium green beans	½ cup drained pears
	½ cup cranberry juice or drink from powdered mix	½ cup cranberry juice or drink from powdered mix
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
	½ 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.

Adult Non-Diabetic

THREE DAY MEAL PLAN FOR EMERGENCIES

(Continued)

The sample meal plan given contains approximately 42 grams of Protein, 1200 mgs Sodium, 1200 mgs Potassium, and 630 mgs Phosphorus, for a total of 1925 calories per day.

Day 2

Breakfast	Lunch	Dinner
1/2 cup Rice Dream (Classic, not enriched)	2 slices white bread	2 slices white bread
3/4 cup dry cereal	2 ounces unsalted turkey*	2 ounces unsalted chicken*
1 tablespoon sugar	1 tablespoon margarine, oil, or mayonnaise*	2 tablespoons margarine, oil, or mayonnaise*
1/2 cup drained peaches	4 spears low sodium asparagus	1/2 cup drained pineapple
	1/2 cup cranberry juice or drink from powdered mix	1/2 cup cranberry juice or drink from powdered mix
Morning Snack	Afternoon Snack	Evening Snack
1/2 cup applesauce	10 marshmallows	5 vanilla wafers or 5 sugar wafers or 3 graham cracker squares or 6 unsalted crackers
10 candies	10 candies	2 tablespoons honey or jelly as desired on wafers
		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.

Adult Non-Diabetic

THREE DAY MEAL PLAN FOR EMERGENCIES

(Continued)

The sample meal plan given contains approximately 42 grams of Protein, 1200 mgs Sodium, 1200 mgs Potassium, and 630 mgs Phosphorus, for a total of 1925 calories per day.

Day 3

Breakfast	Lunch	Dinner
½ cup Rice Dream (Classic, not enriched)	2 slices white bread	2 slices white bread
¾ cup dry cereal	2 ounces unsalted tuna fish*	2 ounces unsalted turkey*
1 tablespoon sugar	1 tablespoon margarine, oil, or mayonnaise*	2 tablespoons margarine, oil, or mayonnaise*
½ cup drained pears	½ cup low sodium carrots	½ cup drained cherries
	½ cup cranberry juice or drink from powdered mix	½ cup cranberry juice or drink from powdered mix
Morning Snack	Afternoon Snack	Evening Snack
10 marshmallows	10 candies	5 vanilla wafers or 5 sugar wafers or 3 graham cracker squares or 6 unsalted crackers
½ cup applesauce		2 tablespoons honey or jelly as desired on wafers
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
preferred)
Graham Crackers
Unsalted Crackers (plain)
Vanilla Wafers or Sugar Wafers

Dry Cereal (sweetened)
Puffed Wheat
Puffed Rice
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:

Canned (packed in water) Tuna, Chicken, or Turkey

FROZEN OR SHELF STABLE Rice Dream (Classic, not enriched)

(4 oz. per day)

SWEETS

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

Honey
Jelly

VEGETABLES (½ cup/day)

Choose from canned: low sodium green beans, asparagus, or carrots

FATS (Choose 6 or more servings per day)

Margarine*
Mayonnaise (perishable after opening)*

Oil (olive or vegetable)

OTHER BEVERAGES (Limit to ½ cup/day in addition to meal plan)

1 gallon of Spring Water
Cranberry Juice

Gingerale or Lemon-Lime Soda
Powdered Juice Mix (Wyler's®)

OTHER

Herbal Seasoning
Breath Spray
Fresh or Reconstituted Lemon Juice

Garlic Powder
Chewing Gum

*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, and 190 grams carbohydrate, for a total of 1700 calories per day. 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.

Day 1

Breakfast	Lunch	Dinner
½ cup Rice Dream (Classic, not enriched)	2 slices white bread	2 slices white bread
¾ cup dry cereal	2 ounces unsalted tuna fish*	2 ounces unsalted chicken*
½ cup drained pineapple (canned in juice)	1 ½ tablespoons margarine, oil, or mayonnaise*	1 ½ tablespoons margarine, oil, or mayonnaise*
	½ cup low sodium green beans	½ cup drained peaches (canned in juice)
	½ cup cranberry juice **	¼ cup cranberry juice **
	Afternoon Snack	Evening Snack
	½ cup applesauce (sugar-free)	¼ cup cranberry juice **
		5 vanilla wafers or 3 graham cracker squares or 6 unsalted crackers
		1 teaspoon margarine and 1 ½ teaspoons jelly

*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.

**Low calorie Cranberry Juice

Adult Diabetic THREE DAY MEAL PLAN FOR EMERGENCIES (Continued)

The sample meal plan given contains approximately 43 grams of protein, 1200 mgs sodium, 1300 mgs potassium, 675 mgs phosphorus, and 190 grams carbohydrate, for a total of 1700 calories per day. 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.

Day 2

Breakfast	Lunch	Dinner
½ Cup Rice Dream (Classic, not enriched)	2 slices white bread	2 slices white bread
¾ cup dry cereal	2 ounces unsalted turkey*	2 ounces unsalted chicken*
½ cup drained peaches (canned in juice)	1 ½ tablespoons margarine, oil, or mayonnaise*	1 ½ tablespoons margarine, oil, or mayonnaise*
	4 spears low sodium asparagus	½ cup drained pears (canned in juice)
	½ cup cranberry juice **	¼ cup cranberry juice **
	Afternoon Snack	Evening Snack
	½ cup applesauce (sugar-free)	¼ cup cranberry juice **
		5 vanilla wafers or 3 graham cracker squares or 6 unsalted crackers
		1 teaspoon margarine and 1 ½ teaspoons jelly

*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.

**Low calorie Cranberry Juice

Adult Diabetic THREE DAY MEAL PLAN FOR EMERGENCIES (Continued)

The sample meal plan given contains approximately 43 grams of protein, 1200 mgs sodium, 1300 mgs potassium, 675 mgs phosphorus, and 190 grams carbohydrate, and 190 grams carbohydrate, for a total of 1700 calories per day. 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.

Day 3

Breakfast	Lunch	Dinner
½ Cup Rice Dream (Classic, not enriched)	2 slices white bread	2 slices white bread
¾ cup dry cereal	2 ounces unsalted tuna fish*	2 ounces unsalted turkey*
½ cup drained pears (canned in juice)	1 ½ tablespoons margarine, oil, or mayonnaise*	1 ½ tablespoons margarine, oil, or mayonnaise*
	½ cup low sodium carrots	½ cup drained cherries (canned in juice)
	½ cup cranberry juice **	¼ cup cranberry juice **
	Afternoon Snack	Evening Snack
	½ cup applesauce (sugar-free)	¼ cup cranberry juice **
		5 vanilla wafers or 3 graham cracker squares or 6 unsalted crackers
		1 teaspoon margarine and 1 ½ teaspoons jelly

*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.

**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)

Canned Tuna in water
Canned Chicken in water
Canned Turkey in water

VEGETABLES (1 serving per day)

Choose from canned: low sodium asparagus, green beans, or carrots

FROZEN OR SHELF STABLE Rice Dream (Classic, not enriched)

(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 (½ cup)
Powdered Drink Mix (½ cup, mixed)	Carbonated Beverages (½ cup)

OTHER BEVERAGES (Limit to ½ 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

<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>
1 milk substitute (½ cup)	2 starches	2 starches
1 starch	2 meats	2 meats
1 fruit	4 ½ fat	4 ½ fat
	1 vegetable	1 fruit
	1 high calorie	1/2 high calorie
	<i>Afternoon Snack</i>	<i>Evening Snack</i>
	1 fruit	1 starch
		1 fat
		1 high calorie

*Diet information revised by Debbie Alexandrowicz, MA, RD, CSR, and the Council on Renal Nutrition Network 4 Disaster Diet Subcommittee. Original guidelines were contributed by the ESRD Network of New England, Inc. and the Transpacific Renal Network.

Pediatric Diet

Pediatric Three Day Meal Plan For Emergencies

Serving sizes vary according to the age of the child. As always, food consistency and choking hazards need to be considered on an individual basis.

For children who still drink formula, the meal plan should be adjusted for the child to drink formula instead of the other beverages listed. Formula should be prepared one bottle at a time as needed.

You are encouraged to discuss portion sizes as well as food preferences and substitutions with your renal nutritionist.

It is necessary to limit fluids even more than before.

Pediatric

THREE DAY MEAL PLAN FOR EMERGENCIES

Adjust the amount of food according to the age of the child. For children who are still on formula, give formula instead of juices.

Day 1:

Breakfast Rice Dream (Classic, not enriched)
Dry Cereal
Sugar
Drained Canned Pineapple

Mid morning snack Candy (see Sweets List)

Lunch Tuna Sandwich
• White Bread
• Unsalted Canned Tuna* (packed in water)
• Low Sodium Mayonnaise or Margarine
Low Sodium Canned Green Beans
Wyler's®

Afternoon snack Applesauce and Marshmallows

Dinner Chicken Sandwich
• White Bread
• Unsalted Canned Chicken* (packed in water)
• Low Sodium Mayonnaise or Margarine
Canned Pears
Cranberry Juice

Bedtime snack Graham Crackers with Jelly
Candy (see Sweets List)

* 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.

THREE DAY MEAL PLAN FOR EMERGENCIES

(Continued)

Day 2:

Breakfast

Rice Dream (Classic, not enriched)
Cream of Wheat®
Sugar
Canned Drained Peaches

Mid morning snack

Sugar Wafers
Ginger Ale

Lunch

Turkey Sandwich
• White Bread
• Unsalted Canned Turkey* (packed in water)
• Low Sodium Mayonnaise or Margarine
Low Sodium Canned Carrots
Wyler's®

Afternoon snack

Unsalted Pretzels
Candy (see Sweets list)

Dinner

Chicken Sandwich
• White Bread
• Unsalted Canned Chicken* (packed in water)
• Low Sodium Mayonnaise or Margarine
Canned Cherries
Cranberry Juice

Bedtime snack

Vanilla Wafers
Candy (see Sweets List)

* 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.

Pediatric

THREE DAY MEAL PLAN FOR EMERGENCIES

(Continued)

Day 3:

Breakfast Rice Dream (Classic, not enriched)
Dry Cereal
Sugar
White Bread with Jelly

Mid morning snack Applesauce
Candy (see Sweets List)

Lunch Tuna Sandwich
 • White Bread
 • Unsalted Canned Tuna* (packed in water)
 • Low Sodium Mayonnaise or Margarine
Canned Pineapple
Ginger Ale

Afternoon snack Unsalted Pretzels
Wyler's®

Dinner Turkey Sandwich
 • White Bread
 • Unsalted Canned Turkey* (packed in water)
 • Low Sodium Mayonnaise or Margarine
Low Sodium Canned Corn
Cranberry Juice

Bedtime snack Canned Peaches (drained)
Graham Crackers

* 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.

Pediatric

Suggested Grocery List for Emergencies

Bread / cereal / starches

<ul style="list-style-type: none">• Sliced white bread (substitutions: white rice, noodles, spaghetti, macaroni, or unsalted crackers)• Dry cereal (sweetened preferred)• Puffed rice / Crisped rice (substitutions: Cream of Wheat®, Cream of Rice®, or Farina)	<ul style="list-style-type: none">• Sugar wafers (or sugar cookies)• Vanilla wafers• Graham crackers• Unsalted pretzels
--	--

Fruits / juices

Canned (sweetened or in syrup) applesauce, pears, peaches, pineapple, or cherries

Fish / meat / poultry

Canned (packed in water) and unsalted: tuna, chicken, or turkey. (Preferably small cans to avoid waste or spoilage)

Frozen or shelf stable liquid Rice Dream (Classic, not enriched)

Sweets

Marshmallows, sugar, jelly, honey, hard candy, gum drops, jelly beans, sourballs, mints, etc.

Vegetables

Canned low-sodium green beans, carrots, corn
(Substitutions: canned mushrooms or asparagus)

Fats

- Low sodium mayonnaise and margarine (preferably individual packets or very small jars to avoid spoilage)
- Oil

Other beverages

- Spring water
- Ginger ale
- Lemon lime soda (no cola drinks)
- Cranberry juice
- Wyler's®

Other

- Herbal seasonings
- Garlic powder
- Onion powder
- Breath spray
- Chewing gum
- Fresh or reconstituted lemon juice

Formula

Powdered formula (prepare one bottle at a time as needed)

IMPORTANT EMERGENCY PATIENT INFORMATION

COMPLETE AND UPDATE AS NEEDED

- **Dialysis Patient Information**
- **Emergency Contact Information**
- **Your Home Dialysis Center Information**
- **Treatment Information**
- **Additional Medical Information**
 - **Medication List**

Dialysis Patient Information

Date Completed or Updated: ____/____/____

Name: _____

DOB ____/____/____ Sex: Male ____ Female ____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

Social Security # ____-____-____

Medicare Card Number: _____

Insurance Carrier (name): _____

Insurance Policy Number: _____

Insurance Phone Number: _____

Date of First Dialysis: ____/____/____

Primary ESRD Diagnosis: _____

Secondary Diagnosis: _____

Drug/Food Allergies: _____

Dialyzer Allergies: _____

Dialysis Notes: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Patient:

Main Phone: _____ **Cell Phone:** _____

Planned Evacuation Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Main Phone: _____ **Cell Phone:** _____

Out of State Emergency Contact (if available):

Main Phone: _____ **Cell Phone:** _____

YOUR HOME DIALYSIS CENTER INFORMATION

Dialysis Unit Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:**

Corporate Affiliation: _____

Corporate Phone Number: _____

Nephrologist Name: _____ **Phone:** _____

Name of Clinic Manager: _____

Name of Clinic Social Worker: _____

Usual Source of Transportation: _____

TREATMENT INFORMATION

Name: _____ Date: ____/____/____

Hemodialysis Treatment Information

<ul style="list-style-type: none">• Modality: _____• Dialyzer: _____• Blood Flow Rate: _____• Dialysate Flow: _____• Re-Use: Yes_No _____	<p>Times/Week: _____</p> <ul style="list-style-type: none">• Prescribed Time: _____• Dry Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg• Access Type: _____• Access Location: _____
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Dialysate: Bicarb _____ Acetate _____ K _____ Na _____ Ca _____
Heparin Dose: _____ Method: _____ Lidocaine: Yes ☐ No ☐
(Anticoagulant) (Numbing agent)

Peritoneal Dialysis Patients

Type: CAPD _____ CCPD_ NPD _____ System _____ Other _____

Other Specify: _____

Prescription: _____

CAPD	CCPD
Exchange Volume _____	# Cycles _____
Dialysate _____	Night Volume _____
Exchanges/Day _____	Dialysate _____
	Day Volume _____
	Dialysate _____
	Total Volume _____
	Fill Time _____
	Dwell Time _____
	Drain Time _____
	Dry Weight _____ (lbs / kg)
	Type of system or cyclor _____
	Connection system _____
	Catheter type _____

ADDITIONAL MEDICAL INFORMATION

Blood Pressure

Pre-Dialysis _____

Interdialytic _____

Post-Dialysis _____

Usual Blood Pressure
Support Method: _____

ESA Therapy Name: _____

Units: _____ Route _____ Times/Week: _____

Diagnostic Tests

HBsAg Status: _____ / Date: _____

HbsAB Status: _____ / Date: _____

HCV Status: _____ / Date: _____

TB Status: _____ / Date: _____

Blood Type: _____

IMPORTANT!

IN THE EVENT OF AN EMERGENCY, ATTACH THE FOLLOWING
AND KEEP THIS RESOURCE WITH YOU:

- ADVANCE DIRECTIVE
- TREATMENT RECORD FROM YOUR LAST 3 DIALYSIS TREATMENTS (Hemo or Peritoneal)
- MOST RECENT LABS
- COPY OF SUPPLY ORDER (Peritoneal Only)
- MEDICATION LIST (Sample on next page)

Medication List

Name: _____ Date: ____/____/____

List Medications you are taking

(Remember to periodically update this list to keep it current)

Drug	Dose	How often you take this medication
------	------	------------------------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

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Network 4 is one of the 18 End Stage Renal Disease (ESRD) Networks in the United States. Our goal is to make sure that you are receiving the best possible care at your dialysis or transplant center.

We do this by:

- Providing leadership to the renal health professionals who will be caring for you;
- Providing information and assistance with ESRD issues to you and

- your renal health care providers;
- Working with dialysis facilities on projects that will improve the quality of care you receive and ultimately your quality of life; and
- Providing assistance, when needed, to address concerns you may have about the renal care you receive.

The contents of this manual were developed by the Network 4 staff, renal community volunteers, and through collaboration with other ESRD Networks.

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