

DIALYSIS EMERGENCY PLAN

A template to complete with your care team and keep where you can find it fast

Emergencies can interrupt dialysis: storms, fires, power outages, accidents, or a sudden health problem. Missing treatments is dangerous, so **a written plan matters**. Complete every page with your dialysis team or social worker. Your unit's own emergency instructions come first.

How to use this plan

- 1 Fill it in** with your dialysis unit, nephrologist, and social worker. Use pencil for items that may change.
- 2 Keep copies** in your go-bag, on the refrigerator, in your wallet, and as a phone photo. Give one to your dialysis unit.
- 3 Share it** with family, caregivers, and a neighbor who can check on you.
- 4 Review it** every 6 months and after any change in treatment, medicines, address, or contacts.
- 5 Practice** once a year: pack the go-bag, call the unit's after-hours line, and plan two routes to your backup unit.

My emergency snapshot

Name	_____	Date of birth	_____
Phone	_____	Home address	_____
Emergency contact 1	_____	Phone	_____
Emergency contact 2	_____	Phone	_____
Dialysis type	_____	Dialysis unit	_____
Unit phone	_____	After-hours line	_____
Nephrologist	_____	Schedule (days, times)	_____
Access type and side	_____	Dry weight	_____
Allergies	_____	Insurance and ID #	_____
Preferred hospital	_____	Health care proxy	_____
Advance directive at	_____	Plan last reviewed	_____

WHEN TO GET HELP

A quick guide for common dialysis emergencies

Who to call

Situation	What to do right away	Who to call
Access bleeding that does not stop after about 10 minutes of firm pressure, or is heavy or spurting	Press firmly with clean gauze or cloth; sit or lie down; do not drive	911
Catheter pulled out, cracked, leaking, or cap off	Press on the exit site and neck vein site; clamp or pinch the tube between the damage and your body; cover open ends with clean gauze	911
Chest pain, fainting, severe shortness of breath, very slow or irregular heartbeat, severe weakness	Stop what you are doing; sit down; unlock the door for responders (possible high potassium or fluid overload)	911
Face drooping, arm weakness, trouble speaking	Note the time symptoms began; do not wait	911
Fever 100.4 F / 38 C or higher, or chills , or redness, pus, or warmth at the access	Do not wait for the next treatment; keep the dressing dry and in place	Unit today; ER if you cannot reach them
No buzz in a fistula or graft, or a much weaker buzz	Do not press on it; keep the arm warm and still	Unit today; hours matter
A missed treatment for any reason	Call right away to reschedule within 24 hours; follow the emergency diet (page 5)	Unit , then the after-hours line
Fast weight gain, new swelling, cannot lie flat	Limit fluids and salt; sit upright; tell the unit	Unit today; 911 if severe
Dizziness, cramps, nausea after treatment	Sit or lie down; drink only within your limit; check your blood pressure if you can	Unit if it does not pass
Low blood sugar (if you have diabetes): shaky, sweaty, confused	Take fast sugar the way your team taught you (for example glucose tablets) and recheck your sugar	Unit or doctor; 911 if unresponsive
Home dialysis problem (alarm, leak, power or water loss)	Follow your training: stop the treatment safely, return blood if taught, and disconnect	Home training nurse or supplier

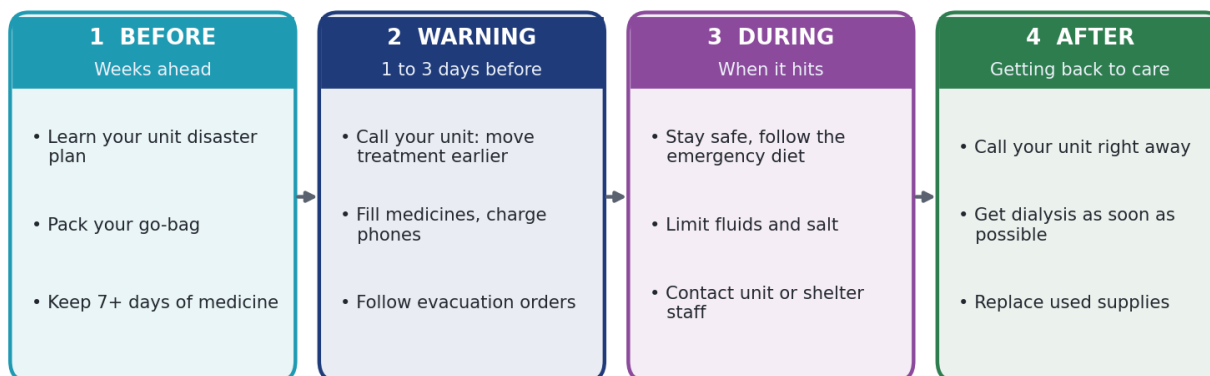
If I miss a treatment

- Call my unit the same day. Ask to be rescheduled as soon as possible, usually within 24 hours.
- Start the emergency diet (page 5): limit fluids, salt, and high-potassium foods.
- Watch for swelling, trouble breathing, weakness, or an irregular heartbeat, and get care if they appear.
- If my unit is closed, ask the unit's after-hours line which backup unit to use.

DISASTER PREPAREDNESS

Before, during, and after storms, fires, floods, outages, and other emergencies

Four stages of emergency readiness



1 Before: weeks ahead

- | | |
|--|--|
| ☐ Ask my unit for its disaster plan and backup dialysis units. | ☐ Learn my unit's procedure for contacting patients after a disaster. |
| ☐ Register with my local emergency management and utility company as a person with special medical needs. | ☐ Know two routes and rides to my unit and backup unit. |
| ☐ Keep a 7-day supply of medicines (ask my doctor and insurer about an emergency refill). | ☐ Keep my go-bag packed (page 4). |

2 Warning: 1 to 3 days before

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|--|---|
| ☐ Call my unit: ask if treatment can move earlier before the storm. | ☐ Follow evacuation orders; leave early and bring my go-bag. |
| ☐ Fill prescriptions; charge phones and power banks. | ☐ Tell family or a neighbor my plan and where I am going. |
| ☐ Fill my car's gas tank; have cash on hand. | ☐ Stock the 3-day emergency diet foods (page 5). |

3 During and after

- | | |
|---|---|
| ☐ Stay safe first; follow emergency officials. | ☐ Tell shelter and EMS staff I am on dialysis (script, page 6). |
| ☐ Follow the emergency diet and limit fluids and salt. | ☐ Get dialysis as soon as possible; go to any open unit or hospital that can treat me. |
| ☐ Contact my unit or the dialysis disaster hotline as soon as I can. | ☐ After the emergency, replace used supplies and update this plan. |

GO-BAG AND SUPPLIES

Keep a packed bag where you can grab it fast

1 Documents and information

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|---|--|
| ☐ Copy of this plan and my wallet card | ☐ Advance directive and proxy contact |
| ☐ Medicine list with doses (see page 7) | ☐ Contact list on paper (phones may fail) |
| ☐ Dialysis prescription and recent lab results | ☐ List of allergies and other conditions |
| ☐ Insurance cards and photo ID | ☐ Dialysis unit and backup unit phone numbers |

2 Medicines and health supplies

- | | |
|---|---|
| ☐ 7 to 14 days of all medicines, in original bottles | ☐ First aid kit and gauze |
| ☐ Pill organizer | ☐ Thermometer and blood pressure cuff (non-access arm) |
| ☐ Phosphate binders and other renal medicines | ☐ Hand sanitizer and masks |
| ☐ Glasses, hearing aid batteries, dentures supplies | ☐ Glucose tablets, if I have diabetes |

3 Food and water

- | | |
|--|---|
| ☐ 3-day emergency diet foods (page 5) | ☐ Manual can opener |
| ☐ Measured water for my fluid limit | ☐ Unsalted crackers and low-potassium snacks |
| ☐ Extra water for washing and hygiene | ☐ Sugar-free hard candy for thirst |

4 Power, communication, and comfort

- | | |
|--|---|
| ☐ Phone chargers and a fully charged power bank | ☐ Cash in small bills |
| ☐ Flashlight and spare batteries | ☐ Warm clothing, blanket, and sturdy shoes |
| ☐ Battery or hand-crank radio | ☐ Small bag of hygiene items |

Keep it fresh

Store the go-bag where you can reach it quickly. **Check expiration dates and refresh medicines, food, and batteries every 6 months.** Ask your social worker about emergency supplies, phone charging, or transport programs for people with kidney disease.

3-DAY EMERGENCY DIET

If you cannot get dialysis, this plan helps limit the buildup of fluid, potassium, and salt

Important

This plan is for **no more than about 3 days**, and only until you can get dialysis. Follow your unit's and dietitian's instructions if they differ. Eating well is not a substitute for dialysis; get care as soon as you can.

Food group	Better choices (small portions)	Avoid
Bread and grains	White bread, plain crackers, unsalted rice cakes, white rice, plain pasta, plain cereal	Whole grain and bran products; salted crackers
Fruit	Canned pears, peaches, or pineapple, drained; applesauce; grapes; a few berries	Bananas, oranges, melon, dried fruit, juice
Vegetables	Canned green beans, carrots, or corn, drained and rinsed	Tomatoes, potatoes, spinach, beans, canned soups
Protein	Canned tuna or chicken (low sodium), peanut butter in small amounts, eggs if available	Processed meats, canned meat with added salt, nuts
Sweets and snacks	Sugar, honey, jelly, hard candy, plain cookies in moderation	Chocolate, salty snacks, salt substitutes
Drinks	Only what is in my emergency fluid limit: water or a small amount of clear soda	Dark colas, sports drinks, juice, milk

Fluids, salt, and symptoms

- **Fluids:** drink only the emergency amount your unit gave you. Spread it through the day; use ice chips (they count) and sugar-free candy for thirst.
- **Salt:** do not add salt. Skip canned soups, cured meats, and instant foods.
- **Watch for** swelling, weight gain, shortness of breath, nausea, muscle weakness, a slow or irregular heartbeat, or confusion. Get medical help quickly; call 911 for severe symptoms.

Emergency fluid limit / day _____ Backup dialysis unit _____
Dietitian phone _____ Foods to always avoid _____

EVACUATION AND HOME DIALYSIS

Plan where to go and how to explain your needs

1 Evacuation and shelter

- | | |
|---|---|
| ☐ Choose two places to go and two routes out. | ☐ Tell my unit where I am going and how to reach me. |
| ☐ Ask whether my local shelter can support dialysis patients; if not, plan to go to a hospital or a medical-needs shelter. | ☐ Bring my go-bag, medicines, and this plan. |
| ☐ Arrange a ride; ask family, neighbors, or transport programs. | ☐ Keep pets and caregivers in the plan. |

2 If I dialyze at home

- | | |
|---|---|
| ☐ Know how to stop and disconnect safely (follow my training). | ☐ Keep 7 to 14 days of supplies, and rotate them. |
| ☐ Keep manual backup supplies (for PD: extra bags for manual exchanges). | ☐ Know how to do treatments without power or clean water, if taught. |
| ☐ Ask about a backup power source or generator for my machine. | ☐ Plan to move to a dialysis unit if home treatment is not possible. |
| ☐ Keep my supplier, training nurse, and after-hours numbers handy. | ☐ Store supplies safely, away from flooding and heat. |

Say this to shelter staff, EMS, and the emergency room

"I am on **dialysis**. My dialysis type is [in-center hemodialysis / home hemodialysis / peritoneal dialysis]. My access is [fistula / graft / catheter] in my [arm / chest]. Please **do not take blood pressure, draw blood, or start an IV** in that arm. I need dialysis within [] days. Please call my dialysis unit at [phone] and help me get treatment. My medicines and allergies are on this page."

My evacuation and transportation plan

Place to go (1)	_____	Address and phone	_____
Place to go (2)	_____	Address and phone	_____
Route 1	_____	Route 2	_____
My ride	_____	Backup ride	_____
Medical-needs shelter	_____	Hospital near my backup unit	_____

MEDICAL INFORMATION SHEET

Complete with your care team and update after every change

My health summary

Kidney condition / cause	Other conditions
Dialysis unit, phone	Nephrologist, phone
Treatment length, days	Dry weight
Dialyzer / dialysate	Uses heparin? (yes / no)
Primary doctor, phone	Pharmacy, phone
Allergies	Blood type (if known)

My medicines

[illegible]

WALLET CARD, CONTACTS, AND REVIEW

Cut out the card, and keep the contact tree current

Wallet card (cut out and fold)

IN AN EMERGENCY: I AM ON DIALYSIS	PLEASE READ: ACCESS SAFETY
Name: _____	Do not use my access arm for blood pressure, IVs, or blood draws.
Dialysis type / access: _____	Call my dialysis unit to arrange treatment.
Unit and phone: _____	I need dialysis within _____ days.
Nephrologist: _____	Medicines: see my medicine list.
Emergency contact: _____	Bleeding from access: press firmly and call 911.
Allergies: _____	Catheter problem: clamp between damage and body.

My contact tree

Person or organization	Role	Phone	Backup

Resources

Helpful resource	What it offers	Contact*
Kidney Community Emergency Response (KCER)	Disaster help and emergency diet for kidney patients	kcercoalition.com
ESRD Networks	Regional dialysis network; find yours	esrdnetworks.org
Ready.gov	Preparedness for people with medical needs	ready.gov
American Red Cross	Shelters and disaster assistance	redcross.org; 1-800-733-2767
211; 988	Local emergency help; crisis support	Dial 211; call or text 988

*Confirm numbers and websites before relying on them.

Plan review log

Date reviewed	What changed	Initials