Emergency Preparedness Checklist for Patient

An emergency can happen at a moment’s notice. This checklist will help you get started. You’re not prepared if you cannot check off these items in 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 with my dialysis facility and my household members.

   Dialysis facility name: ______________________________________________________
   Dialysis facility address: __________________________________________________
   Dialysis facility telephone number: __________________________________________

You will be getting a phone call from a facility staff member after the emergency, make sure to answer the phone so the facility can check on your safety.

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

   Alternative dialysis facility name: ____________________________________________
   Alternative dialysis facility address: __________________________________________
   Alternative dialysis facility telephone number: _______________________________

☐ I have been notified of a shelter that I can evacuate to, which will provide me with transportation to a dialysis facility for treatments. My Shelter location is:

   Shelter name: _____________________________________________________________
   Shelter address: __________________________________________________________
   Shelter telephone number: _________________________________________________

☐ I have been notified that transportation will be provided for me from the shelter to the dialysis facility on the following days/times:

   Day: ________________   Time: ______________________
   Day: ________________   Time: ______________________
   Day: ________________   Time: ______________________

☐ My facility has provided me with my patient evacuation packet, which includes information on my health status such as treatment run time, medication list, last lab results, hepatitis status, insurance information and the 3-Day Emergency Diet.

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 6 (NC, SC, GA): 800.524.7139

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During an emergency it is **important that your Dialysis Facility be able to reach you to check on your status. The information below is critical to help your facility and first responders locate you in the event your area has had significant damage.**

Your facility is not prepared if you cannot check off these items on your emergency plan. Fill out the information below and give this sheet to your facility.

- **My dialysis facility has the current street address where I live and phone number(s) needed to contact me and/or household member(s) or care partner(s).**
  - Home address: ____________________________________________________________
  - Home phone number: ______________________________________________________
  - Cell phone number: ________________________________________________________

- **My dialysis facility has the phone number of a family member(s) or care partner(s) that does not live with me that can be contacted during an emergency if I unable to be reached.**
  - Emergency contact name: _________________________________________________
  - Emergency contact phone number: __________________________________________
  - Emergency contact name: _________________________________________________
  - Emergency contact phone number: __________________________________________

- **I have notified my dialysis facility that I plan to evacuate to a family member or friends home in a different location and provided them with the address and phone number so they can contact me.**
  - Primary Evacuation address: ______________________________________________
  - Primary Evacuation contact: ______________________________________________
  - Secondary Evacuation address: _____________________________________________
  - Secondary Evacuation phone number: _______________________________________

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