



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



Emergency Preparedness Patient Communication Plan for Facility

*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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