

EMERGENCY PREPAREDNESS CHECKLIST FOR PATIENTS:

Vital Information Checklist Bi-Annual Review



An emergency can happen at a moment's notice.

Use this checklist to help ensure you are prepared for an emergency:

I have given/confirmed with my dialysis facility my current street address and phone number(s).

I have indicated whether I plan to be home or stay with a friend/family member. If I am staying with a friend/family member, their address and contact information has been provided.

I have tested and provided an updated emergency contact number.

I have discussed my emergency plan with my dialysis facility.

My treatment location is:

Dialysis facility name: _____

Dialysis facility address: _____

Dialysis facility telephone number: _____

I understand I will be receiving a phone call from a facility staff member after the emergency. This call may be blocked, from a number I don't recognize, or from the clinic. I will make sure to answer the phone so the facility can check on me.

My facility has spoken to me about my emergency needs and offers resources ahead of emergencies like diet, education, and shelters.

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

Shelter name: _____

Shelter address: _____

Shelter telephone number: _____

I use the following provider for transportation:

Phone number: _____

I have checked and replaced expired items in the home emergencies kit, tested to ensure they are working, and have fresh batteries stored.

I know which hospitals closest to me do dialysis.



End-Stage Renal Disease
Network Program

For more information or to file a grievance, please contact us:
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