

Southeastern 
Kidney Council, Inc.

**Disaster
Preparedness for
Dialysis/Transplant
Patients**

Network 6

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**DISASTER
PREPAREDNESS
FOR
DIALYSIS/TRANSPLANT
PATIENTS**

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INTRODUCTION

Disasters all across the United States since 1989 underscore the need for Emergency Preparedness. This is especially important to dialysis centers and patients. Hurricane Hugo directly impacted Network 6. A month later California was devastated by an earthquake. Next Southern Florida received a terrible blow from Hurricane Andrew. In 1993 devastating floods spread across the Midwest. This was followed by Hurricane Emily, which caused great damage when it hit portions of Network 6 as it roared up the East Coast.

Hurricanes are the most likely disaster to be troublesome to Network 6. But dialysis patients must be ready to deal with any type of disaster. After all, your life depends on a life maintaining dialysis equipment.

It is important that you know the Emergency Plan for your Center. Be sure to participate in Emergency drills. Know how to survive two or more days if you cannot get to your Center, or where to go if your Center cannot operate. Importantly, know how to limit your food and fluid intake during the disaster period.

Remember, the worst fault of all is to not be prepared.

2. ABOUT YOUR DIALYSIS CENTER

This section describes the treatment center where you usually get care.

Name of Center _____

Address _____

City _____ State _____ Zip _____

Phone _____

Medical Director _____

Head Nurse _____

Your Primary Doctor _____

Your Primary Nurse _____

3. YOUR MEDICAL CONDITION AND HISTORY

If you need to go to another hospital or clinic in the event of a disaster, or if your records are unavailable or destroyed, this information will help the care givers where you get temporary treatment to understand your special needs. Your nurse or doctor will help you fill this out. Extra sheets are provided if your information changes.

Date _____

Primary ESRD Diagnosis _____

Allergies _____

Complications _____

Type of Treatment:

Center Hemodialysis

Home Hemodialysis

Continuous Ambulatory Peritoneal Dialysis (CAPD)

Continuous Cycling Peritoneal Dialysis (CCPD)

Intermittent Peritoneal Dialysis (IPD)

Usual Dialysis Prescription:

Dialyzer (Brand Name) _____

Dialysate: CA K Bicarbonate

Reuse Yes No

Blood Flow Rate _____ ML/MIN Length of Treatments _____ HR

Frequency _____

Heparinization _____

Lidocaine Yes No

Type of Vascular Access and Location:

Direction of vascular access blood flow (your nurse will draw a diagram of your access in the box provided).



Dry Weight _____

HBsAg Status _____

Blood Type _____

Medications _____

Special or Unusual Requirements

TREATMENT UPDATE

Date of this Update _____

Primary ESRD Diagnosis _____

Allergies _____

Complications _____

Type of Treatment:

Center Hemodialysis

Home Hemodialysis

Continuous Ambulatory Peritoneal Dialysis (CAPD)

Continuous Cycling Peritoneal Dialysis (CCPD)

Intermittent Peritoneal Dialysis (IPD)

Usual Dialysis Prescription:

Dialyzer (Brand Name) _____

Dialysate: CA K Bicarbonate

Reuse Yes No

Blood Flow Rate _____ ML/MIN Length of Treatments _____ HR

Frequency _____

Heparinization _____

Lidocaine Yes No

Type of Vascular Access and Location:

Direction of vascular access blood flow (your nurse will draw a diagram of your access in the box provided).



Dry Weight _____

HBsAg Status _____

Blood Type _____

Medications _____

Special or Unusual Requirements _____

TREATMENT UPDATE

Date of this Update _____

Primary ESRD Diagnosis _____

Allergies _____

Complications _____

Type of Treatment:

Center Hemodialysis Home Hemodialysis

Continuous Ambulatory Peritoneal Dialysis (CAPD)

Continuous Cycling Peritoneal Dialysis (CCPD)

Intermittent Peritoneal Dialysis (IPD)

Usual Dialysis Prescription:

Dialyzer (Brand Name) _____

Dialysate: CA K Bicarbonate

Reuse Yes No

Blood Flow Rate _____ ML/MIN Length of Treatments _____ HR

Frequency _____

Heparinization _____

Lidocaine Yes No

Type of Vascular Access and Location:

Direction of vascular access blood flow (your nurse will draw a diagram of your access in the box provided).



Dry Weight _____

HBsAg Status _____

Blood Type _____

Medications _____

Special or Unusual Requirements _____

4. MEDICAL EMBLEMS

Why You Should Wear a Medical Emblem

If you are injured or unconscious or otherwise unable to talk or communicate, those taking care of you need to know that you are a kidney patient.

How Does It Work?

The Medical Identification Emblems are made available to kidney patients by the state affiliate of the National Kidney Foundation. The identification emblems are available through your social worker. He/She has the necessary forms for you to apply for your emblem.

Usually your emblem is engraved with your name, the fact that you are a kidney patient, your medical allergies, your Doctors name and a telephone number where someone can be notified of your condition.

The data on the identification emblem will alert medical personnel of your special status and will help provide proper diagnosis and care and could save your life.

There may be a small cost for purchasing the emblem in some areas. Check with your social worker.

Helpful Tips

A bracelet should not be worn on the same side as your access. During a trauma, it could impede the flow if it is pulled up the arm. A necklace might be missed if your upper body clothes are rolled up.

5. YOUR MEDICATION

- ✓ Know what medications you are taking, their names, their strength, and how often you take them. For example: Alucaps, one caplet, 4 times a day.
- ✓ Know what medications are absolutely necessary for your survival.
- ✓ Carry a list of medications (amount, frequency) with you at all times.
- ✓ Keep a two-week emergency supply on hand at all times. Rotate the medication every 2 to 3 months, and check expiration dates.
- ✓ If you travel, carry two to three days supply in your hand carried baggage and don't let it out of your sight. In disasters, luggage always gets lost or misplaced. Suggestion - keep the medication in a "fanny pack" you can wear, not carry. That way, your hands are free. Periodically check this supply to make sure it hasn't expired. Also, if you use eyedrops for an eye condition, include them in your emergency medical supply.
- ✓ If you are on peritoneal dialysis, include in your emergency pack a 5-day supply of an antibiotic your doctor prescribes for peritonitis. If you are able to do exchanges, disasters never create clean environments, and the poor water, sanitation, dust, and crowding in shelters will make peritonitis much more likely.
- ✓ If available, keep an extra pair of glasses and hearing aid batteries with your emergency supplies. You will have a very hard time without them during a disaster.

6. HOW TO GET OFF THE MACHINE IN AN EMERGENCY

When you first start receiving dialysis your professional staff usually tells you how to cope with a disaster, and shows you what to do. Periodically you should be told again what to do in an emergency situation. Be sure you know where the emergency equipment can be found at your station.

If you are dialyzing and a disaster occurs that requires emergency evacuation, wait for directions from the staff. If no staff member is available to help you or give directions, here is what to do. * * Remember, these instructions are for emergency evacuations situations only. Your access needles will be left in place until you get to a safe place.

Turn the machine OFF. Make sure the blood pump is NOT running.

1. Locate your emergency package which usually contains sterile gauze, 4 clamps, scissors and tape.
2. Open the package.
3. Place two clamps on each line, placing them far enough apart so you can cut the lines between them. You may use 2 clamps from the emergency equipment on each line, or you may use one of those and the small clamp already on the line.
4. Take the scissors and cut the lines between the two clamps. If there is sufficient time to return your blood, don't worry about the blood loss. Your safety is the first priority. Do not remove the fistula needles at this time.
5. Take your emergency package with the gauze and tape and vacate the dialysis center according to instructions.
6. If you have a subclavian access, follow the instructions above, except:

Since you cannot manipulate the lines close to your shoulder, take the arterial and venous blood lines closest to the artificial kidney at arm's length, and follow the procedure to clamp and cut.

Helpful Tips

Leave by the safest route available.

Remember - do NOT use elevators!

Watch for glass and falling debris.

Go to the gathering area designated by your treatment center. If you don't know where it is, **ask now**.

If you are a wheelchair patient, or someone who needs assistance in walking, wait for help.

7. CARE OF YOUR ACCESS

If you are on dialysis and a disaster occurs, go to a safe area as may be designated by your center staff. **Wait for directions** from the person in charge. This could be your dialysis staff, or emergency personnel such as paramedics, police, fire fighters, etc. Do not remove fistula needles until you are evaluated by medical personnel or you are in a safe area and out of immediate danger.

Under no circumstances should any medical personnel not familiar with your dialysis status place or inject anything into your vascular access.

8. EMERGENCY DIET

Food previously stored in your refrigerator or freezer will stay fresh for several days if the appliances are open only for meal preparation. It is best to eat refrigerator stored foods first. Additional items in your kitchen may extend the time so that you can be self-sufficient.

If you have a food and water supply for disaster preparedness, rotate them to guarantee freshness.

The following guidelines are intended for use in the event a natural disaster occurs and dialysis becomes unavailable in the local area. You may have to miss dialysis and your well-being may be dependent upon your ability to adjust to a very restricted diet, until you can dialyze.

Hopefully, these diet guidelines will never be necessary. However, by preparing for disaster in advance, your nutritional well-being will be assured.

Recommendations:

1. It is very important that you eat, but select foods wisely and limit fluid intake.
2. Limit protein to one-half your current intake. For example, if you eat two eggs for breakfast, decrease to one. If you eat three ounces of meat each meal, decrease to one or two ounces.
3. Restrict fluid intake to approximately one-half your current intake. If you routinely abuse your fluid intake, then you will need to cut back even more.
4. Limit intake of foods containing large percentages of liquid, i.e., cooked cereals/pastas, fruits, vegetables and pudding.
5. Avoid foods that are liquid at room temperature, i.e., fruit flavored gelatin, ice cream, sherbet and ice.
6. Use salt-free foods whenever possible.
7. Avoid all foods with high potassium content. Be more careful than before limiting kind and quantity of fruits and vegetables eaten.

8. Medications: plan ahead. Always have at least one week's supply of all medications readily available.
9. As an added precaution, keep an extra copy of your diet with your food supplies.
10. Diabetics may want to have sugar, honey, juice or sugared soda pop available for low blood sugar reactions.

GENERAL SUPPLIES TO HAVE ON HAND

- Flashlight with extra batteries
- Transistor radio with extra batteries
- Manually operated can opener
- Sterno stove and fuel
- Measuring cup and plastic spoons
- 2 gallons distilled water
- Matches and candles
- Paper plates and paper cups
- Plastic containers with lids for mixing

SHOPPING LIST

The following list requires no cooking. Various other foods may be purchased for those family members not requiring special diets.

- 4 bags candy; such as gum drops, Life Savers, sourballs, lollipops
- Jar of grape or apple jelly
- Granulated sugar
- Jar honey
- Unsalted margarine
- 3 small jars mayonnaise (open fresh jar each day)
- 4 small cans unsalted tuna fish (6 oz. size)
- 4 small cans boned canned chicken (8 oz. size)
- Jar unsalted peanut butter
- Small boxes of shredded wheat, puffed rice, puffed wheat
- Canned peaches
- Canned pears
- Jar applesauce
- Jar Tang crystals (grape or orange)
- Can lemonade crystals
- Small cans of cranberry juice
- Small cans of gingerale and 7-Up
- 2 loaves white enriched bread
- Box graham crackers
- Box plain cookies (no chocolate)
- Box unsalted crackers
- Dozen hard boiled eggs (prepared ahead of time)
- Listerine breath spray (helps thirst)
- Gatorgum (helps thirst)
- Half dozen lemons (helps thirst)
- DON'T FORGET THE DISTILLED WATER**

SUGGESTED EMERGENCY FOOD LIST:

- ✓ Meat and Protein - 2-3 oz. per day.
Canned: meat (salt free), chicken, salmon, tuna.
- ✓ Fruit - 2 servings per day.
Canned: applesauce, cherries, peaches, pears, plums, pineapples.
- ✓ Beverages - limit intake.
Tang, Kool Aid, soda pop, fruit juice.
- ✓ Fats - 6 or more servings per day.
Salt free - salad dressings, margarine, oils.
- ✓ Vegetables - 2 servings per day.
Canned: carrots, corn, green beans, peas.
- ✓ Breads/Cereals/Pasta - 2-4 servings per day.
Dry cereals, pasta/rice, breads, crackers (salt-free and graham),
cookies, wafers.
- ✓ Sweets (for non-diabetics) - any amount.
Sugar, hard candy, gum drops, jelly beans, jam, jelly,
marshmallows.

9. SPECIAL MEDICAL CONDITIONS

DIABETICS: Keep a month's supply of diabetic medication on hand. This includes syringes if you use insulin. Insulin is best stored in the refrigerator but will keep at room temperature for up to one month. If you have no area for refrigeration, keep it in the coolest area available to you, out of sunlight and away from extreme temperature. Do not freeze insulin.

Also keep extra batteries and strips for glucose meter, lancets, alcohol wipes, etc. with emergency supplies.

Check with your doctor about having diuretics, sorbitol and kayexolate on hand. If you cannot get to dialysis treatment as usual, potassium control is critical.

Your food supply should include some high sugar content foods (like hard candies) for emergencies if you go "low" with too little sugar in your body.

HEART DISEASE: Keep a month's supply of all blood pressure, heart or anti-clotting medications on hand.

10. OPTIONS FOR SERVICES

Here are some helpful ideas for specific types of treatment.

CENTER HEMODIALYSIS: Maintain a two-week supply of canned foods and water, rotating it every 6 months. Talk with the renal dietitian in your center to verify that food items comply with your renal diet. Observe strict dietary restrictions for fluid, sodium and potassium.

Maintain a one-week supply of all medications at all times. Be sure to have on hand such medications as those for blood pressure, heart conditions, diabetes, seizure control and any other life-sustaining medications which have been prescribed for you.

If you work, maintain a supply of medications at your work place.

Wear a medical emblem and carry your medical information with you at all times.

Know where dialysis services are available in alternate locations.

HOME HEMODIALYSIS: Maintain a two-week supply of canned foods and water, rotating it every 6 months. Talk with the renal dietitian in your center to verify that food items comply with your renal diet. Observe strict dietary restrictions for fluid, sodium and potassium.

Maintain a one-week supply of all medications at all times.

If you work, maintain a supply of medications at your work place.

Register with the water and power companies and emergency service organizations in your area for special priority for restoration of services. Keep their phone numbers on file.

Wear a medical emblem and carry your medical information with you at all times.

Know where dialysis services are available in alternate locations.

Maintain a one-month supply of hemodialysis supplies.

Be sure you have flashlights and batteries close at hand.

CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD):

Wear a medical emblem and carry your medical information with you at all times.

Maintain a one-week supply of all medications at all times.

Observe strict dietary restrictions for fluid, sodium and potassium.

Maintain a two-week supply of canned foods and water, rotating it every 6 months.

If you work, also maintain a supply of your medications at your work place.

Maintain one month of peritoneal supplies at home. Check expiration dates of peritoneal dialysis solution every 6 months.

If using an ultra violet device, keep battery charged at all times. In case of loss of electrical power, the battery pack should last for 3 days.

CONTINUOUS CYCLIC PERITONEAL DIALYSIS (CCPD) same as above except:

A gasoline-powered generator that makes 1 10 Volt AC alternating current will keep your cyclor working, or a 12 volt DC to 110 volt AC alternator (available at a camping supply store) will allow you to run your cyclor for awhile off a car battery using jumper cables.

Cross-train on manual CAPD. In case of loss of electrical power, switch from CCPD to manual CAPD.

Maintain one month of CCPD supplies at home, and two weeks of manual CAPD supplies at home. Check expiration dates of peritoneal dialysis solution every 6 months.

If you work, maintain two weeks of manual CAPD supplies at your work place.

10. WHERE/HOW TO GET CARE

In the event of a major disaster, you should not assume that your dialysis center will be operating as usual. Power and water may not be available to them. Transportation may be interrupted. Phones may be down.

You should be prepared to manage yourself for at least a week using the emergency diet and other options described in this book.

You can obtain from your center a listing of dialysis centers in your Network area as well as other medical institutions who may be able to provide dialysis services, perhaps on a very limited basis. In most cases your Center will make arrangements for your care at a Center away from your disaster area.

Remember, too, that these medical institutions may be caring for large numbers of patients, and may not be able to give you dialysis services at your usual schedule.

It is also possible that some will provide very limited services--perhaps an hour of dialysis so that as many patients as possible will get some services.

If you go to a dialysis center other than your usual one, or if you are able to get to a medical institution in your area, be sure to take this booklet with information about your basic medical condition with you. Keep your own record of the dates and kind of services received. **Wear your medical emblem at all times.**

12. NOTES FOR TRANSPLANT PATIENTS

About YOU, the Transplant Patient

Please print the information clearly, and remember to update if information changes.

Name _____

Last

First

Address _____

City _____ State _____ Zip _____

Phone _____

Your nearest relative, or someone to be contacted in case of an emergency.

Name _____

Last

First

Relationship to You _____

Address _____

City _____ State _____ Zip _____

Phone _____

Medicare Number _____

Other Insurance Information and/or Policy Numbers _____

ABOUT YOUR TRANSPLANT

Date of Transplant _____

Name of Transplant Center _____

Address _____

Phone Number _____

Transplant Surgeon's Name _____

Phone Number _____

Transplant Nephrologist's Name _____

Phone Number _____

YOUR MEDICATIONS

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

DIET FOR TRANSPLANT

- A. Unless otherwise instructed by your physicians, do not limit fluid intake. With a functioning transplanted kidney, you can easily become dehydrated by restricting fluids.
- B. Remember that certain medications (like Prednisone) must be taken with food and that others (like Cyclosporin) mixed with food or fluids. Keep a non perishable supply of these foods and fluids with your emergency supplies.
- C. Prepared packaged foods used for emergency supplies may be high in sodium or salt. Check labels for sodium content before storing food stocks.

WHERE TO GET CARE

Transplant recipients should have well established relationships with a nephrologist in their community. You may not be able to contact or physically reach the transplant center for a number of days after a disaster. This is also important should a disaster occur near your transplant center but not directly affecting your geographic area.