



Emergency Preparedness Information For Hemodialysis Patients

Template and information taken from the BC Renal Agency with permission

June 2024

Table of Contents

Introduction	2
Survival Instructions	3
Emergency Information	4
Your Medical Condition and History	5
Medications	6
Hemodialysis Information	7
Preparing Your Emergency Pack	8
Supplies for Three Days Survival	8
Substitution List	9
Emergency Diet Plan	10
Sample Emergency Diet Meal Plan	11
Radio Broadcasting During an Emergency	12
Renal Services Telephone Numbers.....	12

Introduction

Disasters often strike quickly, and without warning.

In this manual, disaster is defined as a major event that directly affects care to you.

People on dialysis are at risk because they need power and water for their treatment. These may not be available for several days if it is a big disaster. Telephones may not work. You may not be able to use roads and bridges, emergency rooms will be crowded, and hospitals will give first attention to people who are injured. For these reasons dialysis treatments may not be available.

This booklet gives some ideas on how to handle the first several days until things can return to normal. Patients and families should study this booklet and make a plan.

More information can be found on the Simcoe County website at <http://www.simcoe.ca/dpt/em>

***Keep this booklet in your “Kidney Foundation Manual”
and with your Emergency Supplies***

A **medical alert** bracelet/necklace can assist medical workers to find out that you are a person on dialysis or a transplant recipient.

Contact your social worker for more information about obtaining one.

Survival Instructions

Here are some simple instructions.

1. Stay at home, unless you are hurt.
2. Begin emergency diet plan. **(See page 10)**
3. Wait at home for instructions and details about hemodialysis on TV, radio, social media (Facebook, Twitter) or phone.
4. If you must go to an emergency shelter, tell the person in charge about your special needs.
5. Patients must take as much responsibility as possible for getting where they have to go, keeping in contact with the unit and ***being available to come for dialysis at any time - day or night.*** You may have to stay at the dialysis centre if transportation is a problem. You may need to go to another dialysis facility within the region.
6. You may have to be moved from your home. This may not be by ambulance or transfer services but with military vehicles, volunteers, or by air. Bring your medications with you. See the section on Medications for more details.
7. Keep an extra pair of glasses with your emergency supplies.
8. Please notify your hemodialysis facility of address and telephone changes.

Remember: Hemodialysis centres may not be able to give you regularly scheduled dialysis treatments.

Emergency Information

Should you require emergency medical attention, it is important that you provide this information to your caregivers.

NOTE: A copy of this sheet should be with you at all times.

Please print the information clearly, and update it if any of the information changes.

Name: _____
(Last) (First)

Date of Birth: _____

Address: _____

Phone: _____

Email Address: _____

Personal Health Number: _____

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

Name: _____
(Last) (First)

Relationship to you: _____

Address: _____

Phone: _____

Email Address: _____

**Out of Province contact
(Someone that everyone in the family can call for information):**

Name: _____

Phone: _____

email Address: _____

Your Medical Condition and History

NOTE: A copy of this sheet should be with you at all times.

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 any temporary care givers in understanding your special needs. **You should update this annually and when treatment modalities change.**

Date Completed: _____

Cause of Kidney Disease: _____

Other Medical Problems: _____

Infectious Precautions: _____

Allergies: _____

Blood Type (if known): _____

Usual Type of Treatment (check one):

- ☐ Hemodialysis – Community Clinic
- ☐ Hemodialysis - Hospital
- ☐ Hemodialysis - Home

Medications

- **Know** what medications you are taking, their names, strength, and how often you take them
(For example: Tums 500 mg/one with each meal and at bedtime).
- **Know** which medications are absolutely necessary for your survival.
- **Carry a list of medications** (amount, frequency, names, strength) with you at all times.
- If possible, keep a **two-week emergency supply** on hand at all times. Rotate the medication every 2-3 months, and check expiration dates.
Take this with you if you are evacuated.
- If you travel, carry two or three days of supplies 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" that 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 eye drops for eye conditions, include them in your emergency medicine supply.

Medications/Dosage/Frequency:

Medication	Dosage	Frequency	Medication	Dosage	Frequency

Hemodialysis Information

NOTE: A copy of this sheet should be with you at all times.

Date Completed: _____

I. The treatment centre where you usually get your care.

Name of Centre: _____

Address: _____

Phone: _____

Family Physician's Name: _____ Phone: _____

Nephrologist's Name: _____ Phone: _____

Other Specialist's Name: _____ Phone: _____

Other Specialist's Name: _____ Phone: _____

Other Important Information and Telephone Numbers: _____

II. Usual Dialysis Prescription:

Dry Weight: _____

Hemodialysis Treatment: Dialysis Hours: _____ Dialysis Treatments/Week: _____

Dialyzer: _____

Dialysate: Ca _____ K _____ Na _____ Bicarbonate _____

Anticoagulation: _____

Blood Flow Rate: _____ mL/min

III. Type of Vascular Access & Location:

Central Line: _____ Graft: _____ Fistula: _____

Location: Left Right Arm Leg

Preparing Your Emergency Pack (Hemodialysis Patients)

- Keep a 3-day supply of foods and equipment for your “Emergency Diet” in a backpack that can be carried by one person. This way you will be able to quickly move to a shelter or to travel elsewhere for dialysis, if necessary.
- **Check this pack every six months for expiry date and replace as needed.**
- Select foods that you can replace regularly so that they will not get too old.
- You may not have electricity, water or cooking equipment, so plan meals that do not need to be cooked.
- Keep important equipment such as can openers and hand sanitizers in your backpack.
- Keep a copy of these guidelines with your 3-day food supply (in your pack) and at your work.

Supplies for Three Days Survival (Hemodialysis Patients)

Keep these supplies in your “Emergency Diet” pack. (Check expiry dates every six months)
Line the pack with a plastic garbage bag to keep it dry-an orange bag could also be used as an emergency signal.

If you are diabetic: keep instant glucose tablets, sugar, hard candy, on hand to treat low blood sugar. Avoid using a fluid (juice/pop) if possible to reduce daily fluid intake.

FOODS:

- 12 individual fruit cups (such as applesauce, fruit cocktail, mandarins, peaches, pears) or canned fruit (enough to have 1 ½ cup/375 ml fruit per day or 1125 ml over 3 days)
- 1 box cereal: Cornflakes, Puffed rice, Rice Krispies, Crispix, or individual packets of original instant oatmeal or Cream of Wheat
- 1 box low salt crackers (unsalted soda crackers)
- 1 box arrowroot or social tea cookies
- 2 bottles jelly, jam or honey
- 3 bags of candies: low potassium, low salt, low phosphorus such as lifesavers, jelly beans, jolly ranchers, skittles.
- 3 cans of low sodium canned tuna or salmon
- 1 jar of peanut butter (optional)
- 3 boxes of original Rice Dream or Silk Almond beverage (tetra pack, shelf stable type-1 box for each day) or a package of skim milk powder or 3 cans of evaporated milk (1 can for each day)
- 2L bottle of water
- Package of chewing gum or sour candy if needed for dry mouth

***Avoid any item with “potassium” word(s) in the ingredient list**

Supplies for Three Days Survival (Hemodialysis Patients)

Keep these supplies in your “Emergency Diet” pack. (Check expiry dates every six months)
Line the pack with a plastic garbage bag to keep it dry-an orange bag could also be used as an emergency signal.

EQUIPMENT:

- ✓ Can opener (small, hand operated)
- ✓ Sharp penknife
- ✓ Whistle
- ✓ Pair of scissors
- ✓ Waterproof matches and candles
- ✓ Flashlight (either battery operated or hand cranked)
- ✓ Radio (either battery operated or hand cranked)
- ✓ Batteries for flashlight and radio (with spares)
- ✓ Aluminum foil
- ✓ Container with lid
- ✓ Ziploc bags
- ✓ Plastic garbage bags – orange bags can also be used as emergency signals
- ✓ Paper towels
- ✓ Disposable plates, bowls and plastic knives, forks and spoons

❖ Copy of this guide with completed up-to-date information

Substitution List – foods may be replaced if you have access to them:

Food Items	Substitutions
Canned Tuna or Salmon	2-3 oz low sodium meat, fish, poultry 2 eggs 2 tbsp peanut butter
7 unsalted soda crackers	1 slice bread <u>or</u> 4 slices melba toast <u>or</u> ½ cup plain white rice or plain cooked pasta
½ cup fruit	½ cup fruit juice – (Cranberry, Apple) <u>OR</u> 1 low potassium fresh fruit or ½ cup: 1 apple, 15 grapes, 1 pear, 1 plum, ½ cup of berries
½ cup rice or almond beverage, reconstituted evaporated milk or powdered skim milk	½ cup fresh milk
*Avoid any item with “potassium” word(s) in the ingredient list	

Emergency Diet Plan (Hemodialysis Patients)

If you are **UNABLE** to receive dialysis during a natural disaster or emergency, follow the Emergency Diet Plan. You will need to eat even less potassium, protein, phosphorus and fluid than usual. High levels of these in your body could be life threatening.

Preparing ahead could SAVE YOUR LIFE.

While planning for an emergency, follow these guidelines:

- Follow the Emergency Diet Meal Plan until dialysis is available again.
- **Aim to have no more than 2 cups (500 ml or 16 oz) of fluid a day- this restriction can be discussed with your renal team.** You can chew gum or suck on hard candies to help with thirst.
- **Do not use salt or salt substitutes.** Use salt free foods when possible. Remember that foods lower in salt will make you less thirsty.
- **Do not use high potassium foods** such as potatoes, canned tomato sauces, vegetable juices, bananas, oranges, melons, dried fruit, canned beans or nuts. Don't use high sodium canned soups. Eat only the kind and amounts of fruits listed on the "Emergency Diet Meal Plan".
- **Eat less high protein foods (3 oz/day)** such as meat, fish, poultry, eggs and peanut butter.
- If you have diabetes, use instant glucose tablets, sugar, hard candy, honey or maple syrup to treat low blood sugar. Avoid juice/pop if possible to limit intake of fluids
- If you are being evacuated and have time, add some margarine to your pack for extra calories.
- Some emergencies (such as a snowstorm), allow you to stay in your home but you may not be able to get to dialysis for a while. You may be able to use fresh or frozen foods that you could have in place of some foods from your Emergency Diet Meal Plan (see Substitution List – page 9). Use these foods first.
- If your power goes out, foods in your refrigerator will keep for 1 to 2 days if the door is only opened briefly. Use these foods first.
- Use disposable plates and utensils. Throw away after use.

Sample Emergency Diet Meal Plan (Hemodialysis Patients)

Breakfast

- 1 cup cold cereal (i.e. Cornflakes)
- 1/2 cup Original Rice Dream / Silk Almond / milk prepared from skimmed milk powder or ¼ cup evaporated milk mixed with ¼ cup purified or distilled water.
- 5-7 unsalted soda crackers + 2 Tbsp jelly, jam or honey
- 125ml (1/2 cup) canned fruit OR 1 individual fruit cup (i.e. fruit cocktail)-drink the juice and count it as part of your daily fluid intake

Snack

Hard candy

Lunch

- 15 unsalted soda crackers & 6 Tbsp jelly, jam or honey
- 125ml canned fruit OR 1 individual fruit cup (i.e applesauce)
- Hard candy

Snack

4 cookies

1/2 cup canned fruit packed in juice (For example: applesauce, pears, peaches, pineapple, mandarins, fruit cocktail), drink the juice and count it as part of your daily fluid intake.

Dinner

- ½ can of drained low sodium tuna
- 15 unsalted soda crackers & 4 tbsp. jelly, jam or honey
- 125ml (1/2 cup) canned fruit OR 1 individual fruit cup - drink the juice and count it as part of your daily fluid intake

- If you are hungry, you can have another 10 unsalted crackers and 6 cookies each day.
- You could also have 2 tbsp. peanut butter.
- Repeat this meal plan until dialysis is available.
- See substitution list. (page 9)
- Avoid any item with “potassium” word(s) in the ingredient list

Radio Broadcasting During a Disaster

Listen to **your local emergency radio station** because they will pass on all emergency information if it is possible.

REGIONAL KIDNEY CARE PROGRAM SIMCOE MUSKOKA TELEPHONE NUMBERS:

Regional Hub:

Orillia Soldiers' Memorial Hospital Main Dialysis
[170 Colborne Street West, Orillia, L3X 2Z3]

Unit - 705-327-9129

Satellite Units:

❖ Collingwood General & Marine Hospital
[459 Hume Street, Collingwood, L9Y 1W9]

Unit – 705-445-2550 ext 8655

❖ Georgian Bay General Hospital Midland Site
[611 Prospect Blvd, Suite 1, Midland L4R 0G4]

Unit – 705-526-1300 ext 1508

❖ Muskoka Algonquin Health Services
[100 Frank Miller Drive, Huntsville, P1H 1H7]

Unit – 705-789-2311 ext 2465