Emergency Preparedness Information
For
Hemodialysis Patients
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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 in the “Individual & Neighbourhood All-Hazard Emergency Preparedness Workbook” from the BC Provincial Emergency Program.

- www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf
- www.getprepared.gc.ca

This site is available in English, French, Punjabi and Chinese. It is also available in Audio, Braille, Large Print and Diskette.

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

Here are some simple instructions.

1. Stay at home, unless you are hurt.

2. Begin emergency diet plan. (See page 11)

3. Wait at home for instructions and details about hemodialysis on TV, radio, messenger or phone. (CKNW 980 AM)

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.

6. You may have to be moved from your home. This may not be by ambulance or HandiDart 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 your regularly scheduled dialysis treatments.
Medical Alert

Why you should wear a medical alert?

If you are injured or unable to talk, medical workers need to know quickly that you are a person on dialysis or a transplant recipient.

How does it work?

Your medical alert is worn as a bracelet or necklace and bears an international symbol.

If needed, the computerized medical information you gave will be available in seconds to doctors and nurses...anywhere in the world. This important information will help medical personnel to give proper care...and could save your life.

In a disaster, the phone lines may be down. However, the alert will tell the medical people that you are on dialysis.

Helpful Tips:

1. A bracelet should be worn on the opposite side of your fistula. If it was on your access arm it could stop the blood flow and damage your fistula if it was pulled up your arm.

2. A necklace might be missed if your upper body clothes are rolled up.

Usually your medical alert is custom engraved with your main medical conditions, personal ID number and a 24-hour hotline number.

Medical Alert: Personal I.D. Number: ______________________________

24 Hour Hot Line Number: ______________________________
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.

- 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:

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<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
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<th>Dosage</th>
<th>Frequency</th>
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</table>
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 Important Information and Telephone Numbers: ______________

II. Usual Dialysis Prescription:

Dry Weight: ______________________________

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

Dialyzer: ___________________________________________________

Dialyzer Membrane Allergy: No ☐ Yes ☐ Type: _________________

Dialysate: Ca _____ K ____ Na _____ Gl ____ Bicarbonate _____

Freezing: ☐ Yes ☐ No

Heparinization: Loading Dose: _______ Hourly Rate: _______ u/hr

Blood Flow Rate: ____________ mL/min

III. Type of Vascular Access & Location:

Central Line: _______ Graft: _______ Fistula: _______

Location: Left Right Arm Leg

Blocking Agent: ____________________________________________
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, low potassium fruit juice or sugared pop on hand to treat low blood sugar.

**FOODS:**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
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<tr>
<td>12</td>
<td>4 ounce (125 ml) cans of fruit (applesauce, pears, peaches, pineapple only)</td>
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<tr>
<td>1</td>
<td>Small box shredded wheat biscuits or puffed rice or puffed wheat</td>
</tr>
<tr>
<td>1</td>
<td>Box low salt crackers</td>
</tr>
<tr>
<td>1</td>
<td>Box low salt cookies</td>
</tr>
<tr>
<td>2</td>
<td>Bottles jelly, jam or honey</td>
</tr>
<tr>
<td>3</td>
<td>Bags hard candy (barley sugar, humbugs, peppermints, hard fruit candies)</td>
</tr>
<tr>
<td>3</td>
<td>85-213g cans of low salt tuna or salmon or 156g cans ”33% less salt” flaked chicken or turkey</td>
</tr>
<tr>
<td>1</td>
<td>Small jar of peanut butter (optional)</td>
</tr>
<tr>
<td>1</td>
<td>Container of Rice Dream or 100g package of skim milk powder or 1 can of evaporated milk.</td>
</tr>
<tr>
<td>1</td>
<td>2L bottle of water and/or water disinfection equipment (see page 13)</td>
</tr>
</tbody>
</table>
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)

- Water purification tablets
- 1 Litre container for water purification
- Household bleach and eye dropper for water purification – if desired (see page 13)
- 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:

<table>
<thead>
<tr>
<th>Food Items</th>
<th>Substitutions</th>
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<tbody>
<tr>
<td>85-170g can tuna or salmon or 156g can 33% Less Salt Flaked Chicken or Turkey</td>
<td>2-3 oz low salt meat, fish, poultry or 2 eggs</td>
</tr>
<tr>
<td>5 unsalted crackers</td>
<td>1 slice bread or 4 slices white melba toast or 2 graham wafers or ½ cup plain rice or noodles</td>
</tr>
<tr>
<td>½ cup canned fruit</td>
<td>½ cup fruit juice – (apple, cranberry) and Small apple or ½ cup fresh or frozen berries</td>
</tr>
<tr>
<td>½ cup reconstituted evaporated milk or powdered skim milk</td>
<td>½ cup fresh milk or cream</td>
</tr>
</tbody>
</table>
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.

  • Do not have more than 2 cups (500 ml or 16 oz) of fluid a day.
    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, vegetables, bananas, oranges, melons, dried fruit and canned beans. Eat only the kind and amounts of fruits listed on the “Emergency Diet Meal Plan”.

  • Eat less high protein foods such as meat, fish, poultry, eggs and peanut butter.

  • If you have diabetes, use instant glucose tablets, sugar, hard candy, low potassium fruit juice or sugared pop to treat low blood sugar.
    Do not use high potassium fruit juice (eg. orange juice).

  • If you are being evacuated and have time, add some butter or 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 10). 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 (puffed wheat, puffed rice or 2 shredded wheat biscuits)
1/2 cup (125ml) Rice Dream or 1/2 cup milk prepared from dry milk powder or 1/4 cup evaporated milk mixed with 1/4 cup purified or distilled water.
5 low salt crackers + 2 Tbsp. jelly, jam or honey
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

Snack

Hard candy

Lunch

15 low salt crackers & 6 Tbsp jelly, jam or honey
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

Snack

4 cookies
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

Dinner

1 can (85-170 grams) drained tuna or salmon (preferably low salt)  
Or

1 can (156 grams) “33% Less Salt” Flaked Chicken or Turkey
15 low salt crackers & 4 tbsp. jelly, jam or honey
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

- If you are hungry, you can have another 10 low salt 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 10)

* For example: Applesauce, pears, peaches, pineapple
Water Disinfection

1. Before disinfecting water, first let water sit for 30 minutes to allow dirt to sink to the bottom. Then pour the clear water through a clean cloth or handkerchief to remove any extra dirt or floating matter.

2. Water purification tablets. Use as directed.

3. OR you may boil water rapidly for 5 minutes. Because of chemicals in the water, swimming pool or spa water should not be used as a source of drinking water.

1. In an emergency water may be disinfected with 5.25% sodium hypochlorite solution (household chlorine bleach). Do not use bleach that contains additives such as scent

   Use the following proportions:

   One eye dropper = 0.05 mL

   Clear Water: One litre 2 drops
               Four litres 8 drops

   Cloudy Water: One litre 4 drops
                 Four litres 16 drops

   - Mix water and bleach well by stirring or shaking in a container. Let stand for 30 minutes before using. There should be a slight bleach smell in the water. If not, repeat the dosage and let stand for an extra 15 minutes.
Radio Broadcasting During a Disaster

Listen to **CKNW 980** because they will pass on all St. Paul’s Hospital emergency information if it is possible.
RENA L SERVICES TELEPHONE AND FAX NUMBERS

Hemodialysis Unit
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Tel: 604-806-8453
Fax: 604-806-8449

North Shore Community Dialysis Unit
117 - 260 W. Esplanade
North Vancouver, BC V7M 3G7
Tel: 604-904-1157
Fax: 604-904-0751

Powell River Community Dialysis Unit
Powell River Hospital
3rd Floor 5000 Joyce Ave.
Powell River, BC V8A 5R3
Tel: 604-485-3287
Fax: 604-485-3243

Richmond Community Dialysis Unit
120 - 4651 #3 Rd.
Richmond, BC V6X 2C3
Tel: 604-207-2562
Fax: 604-207-2586

Sechelt Community Dialysis Unit
St. Mary's Hospital
211-5544 Sunshine Coast Highway
Sechelt, BC V0N 3A0
Tel: 604-885-9183
Fax: 604-885-9653

Squamish Community Dialysis Unit
Squamish Hospital
38140 Behner Dr.
Squamish, BC V8B 0J3
Tel: 604-892-8243
Fax: 604-892-8264

Vancouver Community Dialysis Unit
100-520 W. 6th Ave.
Vancouver, BC V5Z 1A1
Tel: 604-660-1752
Fax: 604-775-1558

Post Transplant Clinic
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Tel: 604-806-8970
Fax: 604-806-8076

Kidney Function Clinic
Integrated Care Clinic
Kidney Function Clinic Richmond
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Tel: 604-806-9125
Fax: 604-806-9653

Independent Dialysis Program
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6

Peritoneal Dialysis - Tel: 604-806-9017
Fax: 604-806-9179

Home Dialysis
North Shore: Tel: 604-904-1157
Fax: 604-904-0751

Richmond: Tel: 604-207-2562
Fax: 604-207-2586
APPENDIX N

EMERGENCY PLAN FOR PERITONEAL DIALYSIS PATIENTS
Emergency Preparedness Information
For
Peritoneal Dialysis Patients

Jan/10
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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 if you are unable to continue your treatments at home.

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 in the “Individual & Neighbourhood All-Hazard Emergency Preparedness Workbook” from the BC Provincial Emergency Program.

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

Here are some simple instructions.

1. Stay at home, unless you are hurt.

2. If you are unable to perform dialysis begin the survival diet.

3. Wait at home for instructions by phone or messenger or on TV or radio. **(CKNW 980 AM)**

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 and keeping in contact with the Peritoneal Dialysis Program.

6. You may have to be moved from your home. This may not be by ambulance but with military vehicles, volunteers, or by air. Bring your medications and PD supplies with you. See the section on Medications for more details.

7. Keep an extra pair of glasses with your emergency supplies.

8. Please notify the Peritoneal Dialysis Program of address and telephone changes.
Medical Alert

**Why you should wear a medical alert?**

If you are injured or unable to talk, medical workers need to know quickly that you are a person on dialysis or a transplant recipient.

**How does it work?**

Your medical alert is worn as a bracelet or necklace and bears an international symbol.

If needed, the computerized medical information you gave will be available in seconds to doctors and nurses...anywhere in the world. This important information will help medical personnel to give proper care...and could save your life.

In a disaster, the phone lines may be down. However, the alert will tell the medical people that you are on dialysis.

**Helpful Tips:**

1. A bracelet should be worn on the **opposite** side of your fistula. If it was on your access arm it could stop the blood flow and damage your fistula if it was pulled up your arm.

2. A necklace might be missed if your upper body clothes are rolled up.

Usually your medical alert is custom engraved with your main medical conditions, personal ID number and a 24-hour hotline number.

Medical Alert: Personal I.D. Number: __________________________
24 Hour Hot Line Number: _________________________________
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 caregivers in understanding your 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): ________________________________________

Modality (Type) of Treatment (check one):

- Continuous Ambulatory Peritoneal Dialysis (CAPD)
- Continuous Cycling Peritoneal Dialysis (CCPD)
- Tidal Peritoneal Dialysis (TPD)

Prescription:

(CAPD daily) CCPP(nightly) TPD(nightly)

Solutions: _______________ Solutions: _____________ Tidal _____ %

Fill volume: _______________ Therapy time: _______________________

# of exchanges: ____________ Total volume: _______________________

Additives: _________________ Fill volume: _______________________

________________________________________________________________

# of day exchanges: _______________

Fill volume of day exchange: _______________

Additives: ___________________________
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.

- 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:**

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Helpful Hints For Patients on Peritoneal Dialysis

Contact Phone Number: Baxter 1-866-968-7477
              SPH 6C/PD (office hours only) 604-806-9179
              6B(24 hours) 604-682-2344 ext 62697

Twin Bag (CAPD)

- Wear a medical alert and carry your medical information card with you at all times.
- If you are using extraneal (7.5%) carry the Extraneal Safety Information sheet.
- Keep a two-week supply of all medications at all times.
- If unable to do exchanges, then follow strict dietary restrictions for fluid, sodium, and potassium. (See Emergency Diet section for details – pages 9-12)
- If you work, also keep a supply of your medications and PD supplies at your work place.
- Keep 3 to 7 days of peritoneal supplies at home and a three day supply in your car. Check expiration dates of peritoneal dialysis solution every 6 months.

If necessary, you may want to decrease the number of exchanges a day to make sure that your supplies last.

Home Choice Cycler (CCPD) and Tidal Dialysis - same as above except:

- Keep 3 to 7 days of peritoneal supplies at home. Check the expiry dates of peritoneal dialysis solution every 6 months.
- If electrical power is lost, switch from CCPD and Tidal Dialysis to manual CAPD.
- Keep 3 to 7 days supply of CCPD supplies at home, and 3 to 5 days of manual CAPD supplies at home.
- Check expiry dates of peritoneal dialysis supplies every 6 months.
- If you spend a lot of time at another location - work, friends, family, etc. Keep 3 days of manual CAPD supplies at that location.

CAUTION: It is often hard to keep an area clean in a disaster, and the poor water, dust, and crowding in shelters will make peritonitis much more likely. If you are able to do exchanges, be extra careful at this time.
Preparing Your Emergency Pack (Peritoneal Dialysis 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.

- **Keep 3 days manual CAPD supplies** (see Helpful Hints for PD – page 8)

Supplies for Three Days Survival (Peritoneal Dialysis Patients)

Keep these supplies in your “Emergency Diet” pack (check expiry dates every six months)

Line 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, low potassium fruit juice or sugared pop on hand to treat low blood sugar.

**FOODS:**

- 12 4-ounce (125 ml) cans of fruit (applesauce, pears, peaches, pineapple only)
- 1 Small box shredded wheat biscuits or puffed rice or puffed wheat
- 1 Box low salt crackers
- 1 Box low salt cookies
- 2 Bottles jelly, jam or honey
- 3 Bags hard candy (barley sugar, humbugs, peppermints, hard fruit candies)
- 3 85-213g cans of low salt tuna or salmon or 156g cans 33% less salt flaked chicken or turkey
- 1 Small jar of peanut butter (optional)
- 1 Container of Rice Dream or 100g package of skim milk powder or 1 can evaporated milk
- 1 2L bottles of water and/or water disinfection equipment (see page 13)

- continued next page
Supplies for Three Days Survival (Peritoneal Dialysis Patients)

Keep these supplies in your “Emergency Diet” pack. (check expiry dates every six months)
Line 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)
✓ Water purification tablets
✓ 1 Litre container for water purification
✓ Household bleach and eye dropper for water purification – if desired (see page 13)
✓ 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:

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<td>5 unsalted crackers</td>
<td>1 slice bread or 4 slices white melba toast or 2 graham wafers or ½ cup plain rice or noodles</td>
</tr>
<tr>
<td>½ cup canned fruit</td>
<td>½ cup fruit juice – (apple, cranberry) and Small apple or ½ cup fresh or frozen berries</td>
</tr>
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<td>½ cup reconstituted evaporated milk or powdered skim milk</td>
<td>½ cup fresh milk or cream</td>
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Emergency Diet Plan for Peritoneal Dialysis Patients

If you are UNABLE to receive dialysis during a natural disaster or emergency, follow this Emergency Diet Plan. You will need to eat even less potassium, protein, phosphorus, toxins 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.
- **Do not have more than 2 cups (500 ml or 16 oz) of fluid a day.** 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, vegetables, bananas, oranges, melons, dried fruit and canned beans. Eat only the kind and amounts of fruits listed on the “Emergency Diet Meal Plan”.
- **Eat less protein foods** such as meat, fish, poultry, eggs and peanut butter.
- If you have diabetes, keep instant glucose tablets, sugar, hard candy, low potassium fruit juice or sugared pop on hand to treat low blood sugar.
  - Do not use high potassium fruit juice (eg. orange juice).
- If you are being evacuated and have time, add some butter or 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 do dialysis for a while. You may be able to use fresh or frozen foods instead of some foods from your Emergency Diet Meal Plan (see Substitution List page 10). 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 for PD Patients

Breakfast  1 cup cold cereal (puffed wheat, puffed rice or 2 shredded wheat biscuits)
1/2 cup (125 mL) Rice Dream or ½ cup milk prepared from dry milk powder or ¼ cup evaporated milk mixed with ¼ cup purified or distilled water.
5 low salt crackers + 2 Tbsp. jelly, jam or honey
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

Snack  Hard candy

Lunch  15 low salt crackers & 6 Tbsp jelly, jam or honey
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake
Hard candy

Snack  4 cookies
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

Dinner  1 can (85-170 grams) drained tuna or salmon (preferably low salt)  Or
1 can (156 grams) 33% Less Salt Flaked Chicken or Turkey
15 low salt crackers & 4 tbsp. jelly, jam or honey
1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

- If you are hungry, you can have another 10 low salt crackers, 6 cookies and 2 Tbsp of peanut butter each day.
- Repeat this meal plan until dialysis is available.
- See substitution list (page 10)

* 4 ounce (125 ml) canned applesauce, pears, peaches, pineapple
Water Disinfection

1. Before disinfecting water, first let water sit for 30 minutes to allow dirt to sink to the bottom. Then pour the clear water through a clean cloth or handkerchief to remove any extra dirt or floating matter.

2. Water purification tablets. Use as directed.

3. OR you may boil water rapidly for 5 minutes. Because of chemicals in the water, swimming pool or spa water should not be used as a source of drinking water.

4. In an emergency water may be disinfected with 5.25% sodium hypochlorite solution (household chlorine bleach). Do not use bleach that contains additives such as scent.

   Use the following proportions:

   One eye dropper = 0.05 mL

   Clear Water: One litre 2 drops
               Four litres 8 drops

   Cloudy Water: One litre 4 drops
                 Four litres 16 drops

   • Mix water and bleach well by stirring or shaking in a container. Let stand for 30 minutes before using. There should be a slight bleach smell in the water. If not, repeat the dosage and let stand for an extra 15 minutes.
Radio Broadcasting During an Emergency

Listen to CKNW 980 because they will pass on all St. Paul’s Hospital emergency information if it is possible.
RENAL SERVICES TELEPHONE AND FAX NUMBERS

Hemodialysis Unit
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Tel: 604-806-8453
Fax: 604-806-8449

North Shore Community Dialysis Unit
117 - 260 W. Esplanade
North Vancouver, BC V7M 3G7
Tel: 604-904-1157
Fax: 604-904-0751

Powell River Community Dialysis Unit
Powell River Hospital
3rd Floor 5000 Joyce Ave.
Powell River, BC V8A 5R3
Tel: 604-485-3287
Fax: 604-485-3243

Richmond Community Dialysis Unit
120 - 4651 #3 Rd.
Richmond, BC V6X 2C3
Tel: 604-207-2562
Fax: 604-207-2586

Sechelt Community Dialysis Unit
St. Mary's Hospital
211-5544 Sunshine Coast Highway
Sechelt, BC V0N 3A0
Tel: 604-885-9183
Fax: 604-885-7564

Squamish Community Dialysis Unit
Squamish Hospital
38140 Behner Dr.
Squamish, BC V8B 0J3
Tel: 604-892-8243
Fax: 604-892-8264

Vancouver Community Dialysis Unit
100-520 W. 6th Ave.
Vancouver, BC V5Z 1A1
Tel: 604-660-1752
Fax: 604-775-1558

Post Transplant Clinic
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Tel: 604-806-8970
Fax: 604-806-8076

Kidney Function Clinic
Integrated Care Clinic
Kidney Function Clinic Richmond
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Tel: 604-806-9125
Fax: 604-806-9653

Independent Dialysis Program
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Peritoneal Dialysis -Tel: 604-806-9017
Fax: 604-806-9179

Home Dialysis
North Shore: Tel: 604-904-1157
Fax: 604-904-0751
Richmond: Tel: 604-207-2562
Fax: 604-207-2586
APPENDIX O

EMERGENCY PLAN FOR HOME HEMODIALYSIS PATIENTS
Emergency Preparedness Information
For
Home Hemodialysis Patients
# Table of Contents

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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 in the “Individual & Neighbourhood All-Hazard Emergency Preparedness Workbook” from the BC Provincial Emergency Program.

- [www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf](http://www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf)
- [www.getprepared.gc.ca](http://www.getprepared.gc.ca)

This site is available in English, French, Punjabi and Chinese. It is also available in Audio, Braille, Large Print and Diskette.

*Keep this booklet in your “Training Manual” and with your Emergency Supplies*
Survival Instructions

Here are some simple instructions.

1. Stay at home, unless you are hurt.

2. Begin survival diet.

3. Wait at home for instructions and details about hemodialysis on TV, radio, messenger or phone. (CKNW 980 AM)

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 Home Dialysis Program and be available to come for dialysis at any time - day or night.

6. You may have to be moved. This may not be by ambulance 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 the Home Dialysis Program of address and telephone changes.

9. If you are not affected by the disaster that has happened somewhere else in the lower mainland, you may be asked by the Home Dialysis Program to help other patients.
Medical Alert

*Why you should wear a medical alert?*

If you are injured or unable to talk, medical workers need to know quickly that you are a person on dialysis or a transplant recipient.

*How does it work?*

Your medical alert is worn as a bracelet or necklace and bears an international symbol.

If needed, the computerized medical information you gave will be available in seconds to doctors and nurses...anywhere in the world. This important information will help medical personnel to give proper care...and could save your life.

In a disaster, the phone lines may be down. However, the alert will tell the medical people that you are on dialysis.

*Helpful Tips:*

1. A bracelet should be worn on the **opposite** side of your fistula. If it was on your access arm it could stop the blood flow and damage your fistula if it was pulled up your arm.

2. A necklace might be missed if your upper body clothes are rolled up.

Usually your medical alert is custom engraved with your main medical conditions, personal ID number and a 24-hour hotline number.

Medical Alert: Personal I.D. Number: _____________________________

24 Hour Hot Line Number: _________________________________
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): ________________________________

Modality (Type) of Treatment (check one):

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) with you at all times.

- 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:

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☐
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 Specialists Name: ________________ Phone: _________________________

Other Important Information and Telephone Numbers: _________________________

II. Usual Dialysis Prescription:

Dry Weight: _____________________________

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

Dialyzer: __________________________________________________________________

Dialyzer Membrane Allergy: No ☐ Yes ☐ Type: _____________________________

Dialysate: Ca _____ K ____ Na _____ Gl ____ Bicarbonate _____

Freezing: ☐ Yes ☐ No

Heparinization: Loading Dose: ________ Hourly Rate:: _______ u/hr

Blood Flow Rate: ____________ mL/min

III. Type of Vascular Access & Location:

Central Line: _______ Graft: _______ Fistula:_______

Location: Left Right Arm Leg

Blocking Agent: ___________________________________________________________
How to Get off the Machine in an Emergency,  
“Clamp and Cut”

When you first start receiving dialysis, your professional staff will show you what to do in a 
disaster. Every year thereafter, you will be told again. Be sure you know the location of your 
emergency pack.

If a disaster occurs during a dialysis treatment, follow the directions for emergency evacuation situations only - your access needles will be left in place until you get to a safe place.

1. Locate and open the emergency package, which should contain sterile gauze, 4 clamps, scissors, and tape.
2. Stop blood pump and turn machine off.
3. Place two clamps on each bloodline. Apply them far enough apart so that the lines can be cut between them.
4. If unable to disconnect lines, cut the bloodline (not the access lines) between the two clamps.
5. Take your emergency package with you.
6. Leave your home and proceed to a safe place.

Care of Your Access

After disconnecting from your machine, go to the safe area. Do not remove the fistula needles or heparinize your perm cath until medical personnel evaluate you or you are assured that 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.
Preparing Your Emergency Pack (Home Dialysis 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 (Home Dialysis 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, low potassium fruit juice or sugared pop on hand to treat low blood sugar.

**FOODS:**

12 4 ounce (125 ml) cans of fruit (applesauce, pears, peaches, pineapple only)
1 Small box shredded wheat biscuits or puffed rice or puffed wheat
1 Box low salt crackers
1 Box low salt cookies
2 Bottles jelly, jam or honey
3 Bags hard candy (barley sugar, humbugs, peppermints, hard fruit candies)
3 85-213g cans of low salt tuna or salmon or 156g cans "33% less salt" flaked chicken or turkey
1 Small jar of peanut butter (optional)
1 Container of Rice Dream or 100g package of skim milk powder or 1 can of evaporated milk.
1 2L bottle of water and/or water disinfection equipment (see page 14)

- continued next page
Supplies for Three Days Survival (Home Dialysis 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)
✓ Water purification tablets
✓ 1 Litre container for water purification
✓ Household bleach and eye dropper for water purification – if desired (see page 14)
✓ 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:

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<td>5 unsalted crackers</td>
<td>1 slice bread or 4 slices white melba toast or 2 graham wafers or ½ cup plain rice or noodles</td>
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<td>½ cup canned fruit</td>
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Emergency Diet Plan (Home Dialysis 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.
- **Do not have more than 2 cups (500 ml or 16 oz) of fluid a day.**
- 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, vegetables, bananas, oranges, melons, dried fruit and canned beans. Eat only the kind and amounts of fruits listed on the “Emergency Diet Meal Plan”.
- **Eat less high protein foods** such as meat, fish, poultry, eggs and peanut butter.
- If you have diabetes, use instant glucose tablets, sugar, hard candy, low potassium fruit juice or sugared pop to treat low blood sugar.
  - Do not use high potassium fruit juice (eg. orange juice).
- If you are being evacuated and have time, add some butter or 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 do 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 11). 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 (Home Dialysis Patients)

Breakfast
- 1 cup cold cereal (puffed wheat, puffed rice or 2 shredded wheat biscuits)
- 1/2 cup (125ml) Rice Dream or ½ cup milk prepared from dry milk powder or ¼ cup evaporated milk mixed with ¼ cup purified or distilled water.
- 5 low salt crackers + 2 Tbsp. jelly, jam or honey
- 1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

Snack
- Hard candy

Lunch
- 15 low salt crackers & 6 Tbsp jelly, jam or honey
- 1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake
- Hard candy

Snack
- 4 cookies
- 1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

Dinner
- 1 can (85-170 grams) drained tuna or salmon (preferably low salt)  
  Or
- 1 can (156 grams) “33% Less Salt” Flaked Chicken or Turkey
- 15 low salt crackers & 4 tbsp. jelly, jam or honey
- 1/2 cup canned fruit* (packed in juice), drink the juice and count it as part of your daily fluid intake

- If you are hungry, you can have another 10 low salt crackers and 6 cookies each day.
- You could also have 2 tbsp. peanut butter.
- Repeat this meal plan until dialysis in available.
- See substitution list. (page 11)

* For example: Applesauce, pears, peaches, pineapple
Water Disinfection

1. Before disinfecting water, first let water sit for 30 minutes to allow dirt to sink to the bottom. Then pour the clear water through a clean cloth or handkerchief to remove any extra dirt or floating matter.

2. Water purification tablets. Use as directed.

3. OR you may boil water rapidly for 5 minutes. Because of chemicals in the water, swimming pool or spa water should not be used as a source of drinking water.

4. In an emergency water may be disinfected with 5.25% sodium hypochlorite solution (household chlorine bleach). Do not use bleach that contains additives such as scent. Use the following proportions:

   One eye dropper = 0.05 mL

   Clear Water: One litre 2 drops
                Four litres 8 drops

   Cloudy Water: One litre 4 drops
                 Four litres 16 drops

Mix water and bleach well by stirring or shaking in a container. Let stand for 30 minutes before using. There should be a slight bleach smell in the water. If not, repeat the dosage and let stand for an extra 15 minutes.
Radio Broadcasting During an Emergency

Listen to CKNW 980 because they will pass on all St. Paul’s Hospital emergency information if it is possible.
RENAL SERVICES TELEPHONE AND FAX NUMBERS

Hemodialysis Unit
St. Paul’s Hospital
1081 Burrard St.
Vancouver, BC  V6Z 1Y6
Tel:  604-806-8453
Fax:  604-806-8449

North Shore Community Dialysis Unit
117 - 260 W. Esplanade
North Vancouver, BC  V7M 3G7
Tel:  604-904-1157
Fax:  604-904-0751

Powell River Community Dialysis Unit
Powell River Hospital
3rd Floor 5000 Joyce Ave.
Powell River, BC  V8A 5R3
Tel:  604-485-3287
Fax:  604-485-3243

Richmond Community Dialysis Unit
120 - 4651 #3 Rd.
Richmond, BC  V6X 2C3
Tel:  604-207-2562
Fax:  604-207-2586

Sechelt Community Dialysis Unit
St. Mary’s Hospital
211-5544 Sunshine Coast Highway
Sechelt, BC  V0N 3A0
Tel:  604-885-9183
Fax:  604-885-7564

Squamish Community Dialysis Unit
Squamish Hospital
38140 Behner Dr.
Squamish, BC  V8B 0J3
Tel:  604-892-8243
Fax:  604-892-8264

Vancouver Community Dialysis Unit
100-520 W. 6th Ave.
Vancouver, BC  V5Z 1A1
Tel:  604-660-1752
Fax:  604-775-1558

Post Transplant Clinic
St. Paul’s Hospital
1081 Burrard St.
Vancouver, BC  V6Z 1Y6
Tel:  604-806-8970
Fax:  604-806-8076

Kidney Function Clinic
Integrated Care Clinic
Kidney Function Clinic Richmond
St. Paul’s Hospital
1081 Burrard St.
Vancouver, BC  V6Z 1Y6
Tel:  604-806-9125
Fax:  604-806-9653

Independent Dialysis Program
St. Paul’s Hospital
1081 Burrard St.
Vancouver, BC  V6Z 1Y6
Peritoneal Dialysis -Tel:  604-806-9017
Fax:  604-806-9179

Home Dialysis
North Shore:  Tel:  604-904-1157
Fax:  604-904-0751
Richmond:  Tel:  604-207-2562
Fax:  604-207-2586
APPENDIX P

EMERGENCY PLAN FOR RENAL TRANSPLANT PATIENTS
Emergency Preparedness Information
For
Kidney Transplant Patients

Jan/10
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Introduction

Disasters often strike quickly, and without warning.

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

Power and water 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, the Transplant Clinic 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 in the “Individual & Neighbourhood All-Hazard Emergency Preparedness Workbook” from the BC Provincial emergency Program.

- [www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf](http://www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf)
- [www.getprepared.gc.ca](http://www.getprepared.gc.ca)

This site is available in English, French, Punjabi and Chinese. It is also available in Audio, Braille, Large Print and Diskette.

*Keep this booklet in your “Kidney Foundation Manual”*
Survival Instructions

Here are some simple instructions.

1. Stay at home, unless you are hurt.

2. Begin emergency diet plan. (See page 11.)

3. Wait at home for instructions and details about the Transplant Clinic on TV, radio, messenger or phone. (CKNW 980 AM)

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 and keeping in contact with the Transplant Clinic.

6. You may have to be moved from your home. This may not be by ambulance or HandiDart 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 the Transplant Clinic of address and telephone changes.
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: ________________________

e-mail 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: _____________________________________________

e-mail Address: ______________________________________

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

Name: _____________________________________________

Phone: _____________________________________________

e-mail Address: ______________________________________
Medical Alert

*Why you should wear a medical alert?*

If you are injured or unable to talk, medical workers need to know quickly that you are a person on dialysis or a transplant recipient.

*How does it work?*

Your medical alert is worn as a bracelet or necklace and bears an international symbol.

If needed, the computerized medical information you gave will be available in seconds to doctors and nurses...anywhere in the world. This important information will help medical personnel to give proper care...and could save your life.

In a disaster, the phone lines may be down. However, the alert will tell the medical people that you have a kidney transplant

*Helpful Tips:*

1. A bracelet should be worn on the opposite side of your fistula. If it was on your access arm it could stop the blood flow and damage your fistula if it was pulled up your arm.

2. A necklace might be missed if your upper body clothes are rolled up.

Usually your medical alert is custom engraved with your main medical conditions, personal ID number and a 24-hour hotline number.

Medical Alert: Personal I.D. Number: ________________________

24 Hour Hot Line Number: ________________________________
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): ________________________________

Modality (Type) of Treatment:

   Kidney Transplant Recipient
Transplant

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

Date of transplant: __________________________________________________________

Organ(s) transplanted: ______________________________________________________

B.C.T.S. ID number: _________________________________________________________

Transplant centre: ___________________________ Phone Number: _______________

Regional transplant clinic: _____________________ Phone Number: _______________

Regional transplant physician: ________________Phone Number: _______________

Pharmacy: _________________________________ Phone Number: _______________

BC Transplant Society (toll free): 1-800-663-6189

Name of clinical drug trial (if applicable): ______________________________________

Your study number: ________________________________________________________
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) with you at all times.

- 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:**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
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</tbody>
</table>
Preparing your Emergency Pack for Transplant Patients (with Reduced Kidney Function)

- 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, 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 for Transplant Patients (with Reduced Kidney Function)

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, low potassium fruit juice or sugared pop on hand to treat low blood sugar.

**FOODS:**

- 12 4 ounce (125 ml) cans of fruit (applesauce, pears, peaches, pineapple only)
- 1 Small box shredded wheat biscuits or puffed rice or puffed wheat
- 1 Box low salt crackers
- 1 Box low salt cookies
- 2 Bottles jelly, jam or honey
- 1 Small jar of peanut butter
- 3 Bags hard candy (barley sugar, humbugs, peppermints, hard fruit candies)
- 3 85-213g cans of low salt tuna or salmon or 156g cans “33% less salt” flaked chicken or turkey
- 1 Container of Rice Dream or 100g package of skim milk powder or 1 can of evaporated milk.
- 3 2L bottles of water and/or water disinfection equipment (see page 15)

- continued next page
Supplies for Three Days Survival for Transplant Patients
(with Reduced Kidney Function)  (continued)

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)
✓ Water purification tablets
✓ 1 Litre container for water purification
✓ Household bleach and eye dropper for water purification – if desired (see page 13)
✓ 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:

<table>
<thead>
<tr>
<th>Food Items</th>
<th>Substitutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>85-170g can tuna or salmon or 156g can 33% Less Salt Flaked Chicken or Turkey</td>
<td>2-3 oz low salt meat, fish, poultry or 2 eggs</td>
</tr>
<tr>
<td>5 unsalted crackers</td>
<td>1 slice bread or 4 slices white melba toast or 2 graham wafers or ½ cup plain rice or noodles</td>
</tr>
<tr>
<td>½ cup canned fruit</td>
<td>½ cup fruit juice – (apple, cranberry) and Small apple or ½ cup fresh or frozen berries</td>
</tr>
<tr>
<td>½ cup reconstituted evaporated milk or powdered skim milk</td>
<td>½ cup fresh milk or cream</td>
</tr>
</tbody>
</table>
Emergency Diet Plan for Transplant Patients
(with Reduced Kidney Function)

While planning for an emergency, follow these guidelines. Remember that certain medications (eg. prednisone) must be taken with food. 

Preventing ahead could SAVE YOUR LIFE.

• You should have 6-8 cups (1.5 – 2L) of fluid a day. If you have been instructed to follow a fluid restriction – continue.

• Do not use salt or salt substitutes. Use salt free foods when possible. Remember that foods lower in salt will make you less thirsty.

• Eat less protein foods such as meat, fish, poultry, eggs and peanut butter.

• If you have diabetes, use instant glucose tablets, sugar, hard candy, low potassium fruit juice or sugared pop to treat low blood sugar. Do not use high potassium fruit juice (eg. orange juice).

• If you are being evacuated and have time, add some butter or 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 clinic 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 10). 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 for Transplant Patients
(with Reduced Kidney Function)

Breakfast
- 1 cup cold cereal (puffed wheat, puffed rice or 2 shredded wheat biscuits)
- 1/2 cup (125ml) Rice Dream or ½ cup milk prepared from dry milk powder or ¼ cup evaporated milk mixed with ¼ cup purified or distilled water.
- 5 low salt crackers + 2 Tbsp. jelly, jam or honey
- 1/2 cup canned fruit* (packed in juice)

Snack
- Hard candy

Lunch
- 15 low salt crackers & 6 Tbsp jelly, jam or honey
- 1/2 cup canned fruit* (packed in juice)
- Hard candy

Snack
- 4 cookies
- 1/2 cup canned fruit* (packed in juice)

Dinner
- 1 can (85-170 grams) drained tuna or salmon (preferably low salt)
  Or
- 1 can (156 grams) “33% Less Salt” Flaked Chicken or Turkey
- 15 low salt crackers & 4 tbsp. jelly, jam or honey
- 1/2 cup canned fruit* (packed in juice)

- Drink 1.5-2L of fluid (bottled, purified or distilled) a day.
- If you are hungry, you can have another 10 low salt crackers, 6 cookies each day and 2 Tbsp of peanut butter each day.
- See substitution list. (page 10)

* For example: Applesauce, pears, peaches, pineapple
Preparing your Emergency Pack for Transplant Patients (with Stable Kidney Function)

While planning for an emergency, follow these guidelines. Remember that certain medications (e.g., prednisone) must be taken with food. Preparing ahead could SAVE YOUR LIFE.

- 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, if necessary.
- If you are diabetic: keep instant glucose tablets, sugar, hard candy, low potassium fruit juice or sugared pop on hand to treat low blood sugar.
- 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.
- If you are being evacuated and have time, add some butter or 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 10). 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.
Supplies for Three Days Survival for Transplant Patients (with Stable Kidney Function)

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.

Some suggested food items:

<table>
<thead>
<tr>
<th>Beverages:</th>
<th>Foil Pouch Products:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Water</td>
<td>□ Stews</td>
</tr>
<tr>
<td>□ Juice</td>
<td>□ Sauces</td>
</tr>
<tr>
<td>□ Canned Milk</td>
<td>□ Pasta Dishes</td>
</tr>
<tr>
<td>□ Coffee, tea, hot chocolate (optional)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Canned Foods:</th>
<th>Instant Foods:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Prepared meat</td>
<td>□ Dried Soups</td>
</tr>
<tr>
<td>□ Poultry</td>
<td>□ Sauces</td>
</tr>
<tr>
<td>□ Seafood</td>
<td>□ Cereals</td>
</tr>
<tr>
<td>□ Meat Spreads</td>
<td>□ Cookies</td>
</tr>
<tr>
<td>□ Fruit</td>
<td>□ Crackers</td>
</tr>
<tr>
<td>□ Vegetables</td>
<td>□ Candies and jellies</td>
</tr>
<tr>
<td>□ Stews, baked beans, spaghetti</td>
<td>□ Peanut Butter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Freeze-dried Products:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Meats</td>
</tr>
<tr>
<td>□ Poultry</td>
</tr>
<tr>
<td>□ Vegetables</td>
</tr>
<tr>
<td>□ Fruit</td>
</tr>
<tr>
<td>□ Stews</td>
</tr>
<tr>
<td>□ Soups</td>
</tr>
</tbody>
</table>

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)
✓ Water purification tablets
✓ 1 Litre container for water purification
✓ Household bleach and eye dropper for water purification – if desired (see page 15)
✓ 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
Water Disinfection

1. Before disinfecting water, first let water sit for 30 minutes to allow dirt to sink to the bottom. Then pour the clear water through a clean cloth or handkerchief to remove any extra dirt or floating matter.

2. Water purification tablets. Use as directed.

3. OR you may boil water rapidly for 5 minutes. Because of chemicals in the water, swimming pool or spa water should not be used as a source of drinking water.

4. In an emergency water may be disinfected with 5.25% sodium hypochlorite solution (household chlorine bleach). Do not use bleach that contains additives such as scent. Use the following proportions:

   One eye dropper = 0.05 mL

   Clear Water: One litre 2 drops
                  Four litres  8 drops

   Cloudy Water: One litre 4 drops
                  Four litres 16 drops

   - Mix water and bleach well by stirring or shaking in a container. Let stand for 30 minutes before using. There should be a slight bleach smell in the water. If not, repeat the dosage and let stand for an extra 15 minutes.
Radio Broadcasting During an Emergency

Listen to CKNW 980 because they will pass on all St. Paul’s Hospital emergency information if it is possible.
RENALE SERVICES TELEPHONE AND FAX NUMBERS

Hemodialysis Unit
St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6
Tel: 604-806-8453
Fax: 604-806-8449

North Shore Community Dialysis Unit
117 - 260 W. Esplanade
North Vancouver, BC V7M 3G7
Tel: 604-904-1157
Fax: 604-904-0751

Powell River Community Dialysis Unit
Powell River Hospital
3rd Floor 5000 Joyce Ave.
Powell River, BC V8A 5R3
Tel: 604-485-3287
Fax: 604-485-3243

Richmond Community Dialysis Unit
120 - 4651 #3 Rd.
Richmond, BC V6X 2C3
Tel: 604-207-2562
Fax: 604-207-2586

Sechelt Community Dialysis Unit
St. Mary's Hospital
211-5544 Sunshine Coast Highway
Sechelt, BC V0N 3A0
Tel: 604-885-9183
Fax: 604-806-7564

Squamish Community Dialysis Unit
Squamish Hospital
38140 Behner Dr.
Squamish, BC V8B 0J3
Tel: 604-892-8243
Fax: 604-892-8264

Vancouver Community Dialysis Unit
100-520 W. 6th Ave.
Vancouver, BC V5Z 1A1
Tel: 604-660-1752
Fax: 604-775-1558

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Integrated Care Clinic
Kidney Function Clinic Richmond
St. Paul's Hospital
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Vancouver, BC V6Z 1Y6
Tel: 604-806-9125
Fax: 604-806-9653

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St. Paul's Hospital
1081 Burrard St.
Vancouver, BC V6Z 1Y6

Peritoneal Dialysis - Tel: 604-806-9017
Fax: 604-806-9179

Home Dialysis
North Shore: Tel: 604-904-1157
Fax: 604-904-0751
Richmond: Tel: 604-207-2562
Fax: 604-207-2586
APPENDIX Q

EMERGENCY PLAN FOR KIDNEY FUNCTION CLINIC PATIENTS
Emergency Preparedness Information
For
Kidney Function Clinic Patients

Jan/10
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Radio Broadcasting During an Emergency .............................................................. 13
Renal Services Telephone and Fax Numbers......................................................... 14
Introduction

Disasters often strike quickly, and without warning.

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

Power and water 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, the Kidney Function Clinic 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 in the “Individual & Neighbourhood All-Hazard Emergency Preparedness Workbook” from the BC Provincial emergency Program.

- [www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf](http://www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf)
- [www.getprepared.gc.ca](http://www.getprepared.gc.ca)

This site is available in English, French, Punjabi and Chinese. It is also available in Audio, Braille, Large Print and Diskette.

*Keep this booklet in your “Kidney Foundation Manual”*
Survival Instructions

Here are some simple instructions.

1. Stay at home, unless you are hurt.

2. Begin survival diet.  *(See page 11.)*

3. Wait at home for instructions and details about the Kidney Function Clinic on TV, radio, messenger or phone.  *(CKNW 980 AM)*

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 and keeping in contact with the Kidney Function Clinic.

6. You may have to be moved from your home. This may not be by ambulance or HandiDart 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 the Kidney Function Clinic of address and telephone changes.
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: ________________________

Personal Health Number: ______________________________

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

Name: _____________________________________________  (last)                                          (first)

Relationship to you: __________________________________

Address: _____________________________________________

Phone: ____________________________________________

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

Name: _______________________________________________

Phone: ______________________________________________
Medical Alert

Why you should wear a medical alert?

If you are injured or unable to talk, medical workers need to know quickly that you are a person with abnormal kidneys.

How does it work?

Your medical alert is worn as a bracelet or necklace and bears an international symbol.

If needed, the computerized medical information you gave will be available in seconds to doctors and nurses...anywhere in the world. This important information will help medical personnel to give proper care...and could save your life.

In a disaster, the phone lines may be down. However, the alert will tell the medical people that you have a kidney problem.

Helpful Tips:

1. A bracelet should be worn on the opposite side of your fistula. If it was on your access arm it could stop the blood flow and damage your fistula if it was pulled up your arm.

2. A necklace might be missed if your upper body clothes are rolled up.

Usually your medical alert is custom engraved with your main medical conditions, personal ID number and a 24-hour hotline number.

Medical Alert: Personal I.D. Number: __________________________

24 Hour Hot Line Number: ________________________________
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): ____________________________

Approximate Level of Kidney Function: _______ %

Type of Vascular Access & Location:

   Central Line: _______  Graft: _______  Fistula:_______
   Location:  Left     Right     Arm    Leg
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) with you at all times.

- 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.

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Emergency Diet Plan

This information will help you to plan for an emergency when dialysis may not be available (for example, a snowstorm, earthquake, flood or hurricane). You will need to limit your potassium, fluid, protein and salt more than usual until you have dialysis again. Remember that it could be 2-3 days since your last dialysis when a disaster strikes. Preparing ahead could SAVE YOUR LIFE.

While planning for an emergency, follow these guidelines:

- The attached “Survival Diet” outlines food you must eat daily to survive until dialysis is available again.

- Keep 3 day's supplies for your “Survival Diet” in a back pack that can be carried by one person. You will be ready to move to a shelter if necessary or to travel elsewhere for dialysis.

- Select foods that you can replace regularly so that they will not get too old. Check expiry dates every six months and replace as needed.

- You may not have electricity, water or cooking equipment, so plan meals that do not need to be cooked.
  - Canned foods such as beef stew, macaroni and cheese do not need preparation and can be eaten cold.

- If you are being evacuated and have time, you may want to add some butter or margarine to your pack for extra calories.

- Remember that foods lower in salt will make you less thirsty.

- In some emergencies (such as a snowstorm), you can stay in your home but may not know when your next dialysis will be. You may have access to fresh or frozen foods that you could have in place of some foods from your “Survival Diet” pack.

- If your power goes out, foods in your refrigerator will keep from one to three days if only opened briefly.

- Keep a copy of these guidelines with your 3-day food supply (in your pack) and at your work.
Survival Diet for One Day

Breakfast 1/2 cup canned fruit, drained
  1/2 cup cold cereal (shredded wheat, puffed wheat or puffed rice)
  5 low salt crackers + 2 tbsp. jelly
  1/2 cup Rice Dream

Snack       Hard candy

Lunch       15 low salt crackers
  6 tbsp jelly
  1/2 cup canned fruit, drained
  1/2 cup juice
  Hard candy

Snack       4 cookies
  1/2 cup canned fruit, drained

Evening     1 cup canned stew or macaroni and cheese
  10 low salt crackers
  4 tbsp. jelly
  1/2 cup canned fruit, drained
  1/2 cup juice

If you are hungry, you can have an additional 10 low salt crackers and 6 cookies each day. You could also have 2 tbsp. peanut butter.
Supplies for Three Days Survival Diet
Keep these supplies in your “Survival Diet” pack.

FOODS:
12 4 ounce cans of fruit (applesauce, pears, peaches, pineapple only)
1 Package of (3) shredded wheat biscuits or 2 cups of puffed rice or puffed wheat
6 4 ounce boxes of juice (apple or cranberry)
1 Box low salt crackers
1 Box low salt cookies
2 Bottles jelly
2 Bags hard candy (barley sugar, humbugs, peppermints, hard fruit candies)
3 8 ounce cans of stew or macaroni and cheese
1 Small jar of peanut butter (optional)

EQUIPMENT:
1 Can opener (small, hand operated)
1 Sharp pen knife
1 Small piece of aluminum foil
1 Container with lid

- Ziploc bags
- Paper towels
- Disposable plates, bowls and plastic knives, forks and spoons
- Waterproof matches and candles
- Flashlight and battery operated radio
- Water purification tablets
- Eye dropper
- Copy of “Survival Diet” information

SUBSTITUTION LIST:
Foods on the survival diet may be replaced with items listed here if you have access to them.

1 cup canned entree - 2-3 oz meat + 1/2 cup noodles or rice
- 2 eggs + 1 slice white bread

5 unsalted crackers - 1 slice white bread
- 4 slices white melba toast
- 2 graham crackers

1/2 cup fruit - small apple
- 1/2 cup canned or frozen berries

1/2 cup reconstituted evaporated milk = 1/2 cup fresh milk or cream
Water Disinfection

1. Before disinfecting water, first let water sit for 30 minutes to allow dirt to sink to the bottom. Then pour the clear water through a clean cloth or handkerchief to remove any extra dirt or floating matter.

2. Water purification tablets. Use as directed.

3. OR you may boil water rapidly for 5 minutes. Because of chemicals in the water, swimming pool or spa water should not be used as a source of drinking water.

2. In an emergency water may be disinfected with 5.25% sodium hypochlorite solution (household chlorine bleach). Do not use bleach that contains additives such as scent.

   Use the following proportions:

   One eye dropper = 0.05 mL

   Clear Water: One litre 2 drops
                Four litres 8 drops

   Cloudy Water: One litre 4 drops
                 Four litres 16 drops

   - Mix water and bleach well by stirring or shaking in a container. Let stand for 30 minutes before using. There should be a slight bleach smell in the water. If not, repeat the dosage and let stand for an extra 15 minutes.
Radio Broadcasting During an Emergency

Listen to CKNW 980 because they will pass on all St. Paul’s Hospital emergency information if it is possible.
RENAL SERVICES TELEPHONE AND FAX NUMBERS

**Hemodialysis Unit**  
St. Paul’s Hospital  
1081 Burrard St.  
Vancouver, BC  V6Z 1Y6  
Tel: 604-806-8453  
Fax: 604-806-8449

**North Shore Community Dialysis Unit**  
117 - 260 W. Esplanade  
North Vancouver, BC  V7M 3G7  
Tel: 604-904-1157  
Fax: 604-904-0751

**Powell River Community Dialysis Unit**  
Powell River Hospital  
3rd Floor 5000 Joyce Ave.  
Powell River, BC  V8A 5R3  
Tel: 604-485-3287  
Fax: 604-485-3243

**Richmond Community Dialysis Unit**  
120 - 4651 #3 Rd.  
Richmond, BC  V6X 2C3  
Tel: 604-207-2562  
Fax: 604-207-2586

**Sechelt Community Dialysis Unit**  
St. Mary’s Hospital  
211-5544 Sunshine Coast Highway  
Sechelt, BC  V0N 3A0  
Tel: 604-885-9183  
Fax: 604-885-7564

**Squamish Community Dialysis Unit**  
Squamish Hospital  
38140 Behner Dr.  
Squamish, BC  V8B 0J3  
Tel: 604-892-8243  
Fax: 604-892-8264

**Vancouver Community Dialysis Unit**  
100-520 W. 6th Ave.  
Vancouver, BC  V5Z 1A1  
Tel: 604-660-1752  
Fax: 604-775-1558

**Post Transplant Clinic**  
St. Paul’s Hospital  
1081 Burrard St.  
Vancouver, BC  V6Z 1Y6  
Tel: 604-806-8970  
Fax: 604-806-8076

**Kidney Function Clinic**  
**Integrated Care Clinic**  
**Kidney Function Clinic Richmond**  
St. Paul’s Hospital  
1081 Burrard St.  
Vancouver, BC  V6Z 1Y6  
Tel: 604-806-9125  
Fax: 604-806-9653

**Independent Dialysis Program**  
St. Paul’s Hospital  
1081 Burrard St.  
Vancouver, BC  V6Z 1Y6  
**Peritoneal Dialysis**  
Tel: 604-806-9017  
Fax: 604-806-9179

**Home Dialysis**  
North Shore: Tel: 604-904-1157  
Fax: 604-904-0751  
Richmond: Tel: 604-207-2562  
Fax: 604-207-2586