Emergency Preparedness Information
For
Peritoneal Dialysis 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.

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.

- [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” 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: _______________________

___________________________________ Last 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.

<table>
<thead>
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<th>Medications/Dosage/Frequency:</th>
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<td><strong>Medication</strong></td>
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</table>
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:

<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>
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<tr>
<td>5 unsalted crackers</td>
<td>1 slice bread or 1 slice bread or 1 slice bread or 1 slice bread or 4 slices white melba toast or 4 slices white melba toast or 4 slices white melba toast or 4 slices white melba toast or 2 graham wafers or 2 graham wafers or 2 graham wafers or 2 graham wafers or ½ cup plain rice or noodles or ½ cup plain rice or noodles or ½ cup plain rice or noodles</td>
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<tr>
<td>½ cup canned fruit</td>
<td>½ cup fruit juice – (apple, cranberry) and Small apple or Small apple or Small apple or Small apple or ½ cup fresh or frozen berries or ½ cup fresh or frozen berries 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 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.
<table>
<thead>
<tr>
<th>Renal Services Unit</th>
<th>Phone Numbers</th>
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<tr>
<td><strong>Hemodialysis Unit</strong></td>
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<tr>
<td><strong>St. Paul’s Hospital</strong></td>
<td>Tel: 604-806-8453</td>
</tr>
<tr>
<td><strong>1081 Burrard St.</strong></td>
<td>Fax: 604-806-8449</td>
</tr>
<tr>
<td><strong>Vancouver, BC V6Z 1Y6</strong></td>
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<tr>
<td><strong>North Shore Community Dialysis Unit</strong></td>
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<tr>
<td><strong>Powell River Hospital</strong></td>
<td>Tel: 604-904-1157</td>
</tr>
<tr>
<td><strong>3rd Floor 5000 Joyce Ave.</strong></td>
<td>Fax: 604-904-0751</td>
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<tr>
<td><strong>Powell River, BC V8A 5R3</strong></td>
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<td><strong>Richmond Community Dialysis Unit</strong></td>
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<td><strong>Richmond, BC V6X 2C3</strong></td>
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<tr>
<td><strong>Sechelt Community Dialysis Unit</strong></td>
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<tr>
<td><strong>St. Mary’s Hospital</strong></td>
<td>Tel: 604-904-1157</td>
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<tr>
<td><strong>211-5544 Sunshine Coast Highway</strong></td>
<td>Fax: 604-904-0751</td>
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<td><strong>Sechelt, BC V0N 3A0</strong></td>
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<tr>
<td><strong>Squamish Community Dialysis Unit</strong></td>
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<tr>
<td><strong>Squamish Hospital</strong></td>
<td>Tel: 604-892-8243</td>
</tr>
<tr>
<td><strong>38140 Behner Dr.</strong></td>
<td>Fax: 604-892-8264</td>
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<tr>
<td><strong>Squamish, BC V8B 0J3</strong></td>
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<tr>
<td><strong>Vancouver Community Dialysis Unit</strong></td>
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<tr>
<td><strong>100-520 W. 6th Ave.</strong></td>
<td>Tel: 604-660-1752</td>
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<tr>
<td><strong>Vancouver, BC V5Z 1A1</strong></td>
<td>Fax: 604-775-1558</td>
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<tr>
<td><strong>Post Transplant Clinic</strong></td>
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<tr>
<td><strong>St. Paul’s Hospital</strong></td>
<td>Tel: 604-806-8970</td>
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<tr>
<td><strong>1081 Burrard St.</strong></td>
<td>Fax: 604-806-8076</td>
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<td><strong>Vancouver, BC V6Z 1Y6</strong></td>
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<td><strong>Kidney Function Clinic</strong></td>
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<td><strong>Integrated Care Clinic</strong></td>
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<td><strong>Kidney Function Clinic Richmond</strong></td>
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<tr>
<td><strong>St. Paul’s Hospital</strong></td>
<td>Tel: 604-806-9125</td>
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<tr>
<td><strong>1081 Burrard St.</strong></td>
<td>Fax: 604-806-9653</td>
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<tr>
<td><strong>Vancouver, BC V6Z 1Y6</strong></td>
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<td><strong>Independent Dialysis Program</strong></td>
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<td><strong>St. Paul’s Hospital</strong></td>
<td>Tel: 604-806-9017</td>
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<td><strong>Fax: 604-904-0751</strong></td>
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<td><strong>Richmond:</strong></td>
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