

# DIALYSIS PATIENT EMERGENCY READINESS NEEDS ASSESSMENT

## BASIC PATIENT DEMOGRAPHICS

Last Name:	First Name:
Dialysis Provider:	
Provider Address:	

## EMERGENCY PLANNING

1. How are you planning on making alternative arrangements for dialysis treatments in the event of an emergency?

<input type="checkbox"/> a. Contact your dialysis facility social worker?	<input type="checkbox"/> d. Call the American Red Cross?
<input type="checkbox"/> b. Contact your corporate dialysis organization 800 number?	<input type="checkbox"/> e. Contact the Office of Public Health?
<input type="checkbox"/> c. Call the ESRD Network 800 number?	<input type="checkbox"/> f. I don't know how.

	Yes	No
2. Do you and/or your family have a plan in the event of hurricanes, terrorism, tornadoes, earthquakes, floods, etc.?		
If YES, would assistance be needed to carry out your plan?		
3. Are you aware of the booklet <i>Preparing for Emergencies: "A Guide for People on Dialysis"</i> ?		
If YES, ask if the patient has a personal copy of this booklet		
If NO, ask if the patient would like to receive a copy of this booklet: <a href="http://www.hsag.com/PrepForEmerE">www.hsag.com/PrepForEmerE</a>		

## EMERGENCY READINESS

4. a. Do you have a prepared document of your medical history?		
b. Do you have/know your current dialysis prescription?		
c. Do you have a copy of your current lab?		
d. Do you keep an emergency supply of food and medicines?		
e. Do you have a current list of your medications?		
f. Do you know what diet and fluid restrictions to follow if your dialysis is delayed?		
g. Do you know how to disinfect water?		
5. Do you have your own dependable means of transportation for evacuation purposes (i.e., You do not need public transportation)?		
6. Are you opposed to evacuating (e.g., riding) with a stranger such as someone appointed from a neighboring church or another dialysis patient?		

	Yes	No
7. If an evacuation is ordered for your area, will you evacuate?		

If NO, ask for a reason such as the below (check all that apply)

<input type="checkbox"/> a. No available means of transportation	<input type="checkbox"/> e. No available assistance from family/friends/church
<input type="checkbox"/> b. No money for gasoline	<input type="checkbox"/> f. Unwilling to leave home/pets
<input type="checkbox"/> c. No money for lodging	<input type="checkbox"/> g. Other (explain):
<input type="checkbox"/> d. No available lodging with family/friends church	

If YES, ask the following questions:		
a. Do you have a <i>Targeted Evacuation Destination</i> ? (such as a friend or relative's home, motel/hotel, church, Red Cross shelter?)		
If YES, as for a location (city/state):		
b. Will you need help in making your temporary dialysis arrangements?		
c. Will you have, or be able to obtain necessary medications, supplies, and equipment at the <i>Targeted Evacuation Destination</i> ?		
d. Is your <i>Targeted Evacuation Destination</i> aware of your dialysis needs? (e.g., dietary, medical, etc.)?		
8. Do you know what to do in you are on a dialysis machine and must get off in an emergency?		
9. In the event that your dialysis facility experiences damage (e.g., no power, no water, no phone services, etc.) have you been instructed on how to get information about the facility and alternate dialysis arrangements?		

If YES, please list how information is obtained (e.g., corporate office, cell phone, radio/television, etc.)

<b>Patient Name</b>	
<b>Facility Name</b>	
<b>CMS Provider Number</b>	