My Home Dialysis Travel Checklist

for Home Hemodialysis (HHD) and Peritoneal Dialysis (PD)



with your care team as you begin.	ue dialysis treatments w	nen they traveraway from nome. Be sure to talk
I'm looking forward to traveling to:	on	I'll start my planning on
Getting Started		
 1 to 2 months before I travel: □ Talk to my home dialysis nurse about my travel plan or email). □ Ask my nurse for a copy of my patient summary. □ Find out from my insurance company how travel dia □ Ask my facility to arrange shipping of my supplies or □ Contact airlines (if flying) to notify them that I will be "Life Sustaining Medical Equipment." □ Confirm the shipment with my dialysate or solution 	alysis costs are covered. r solution. e checking medical equipm	
1 to 2 weeks before I leave: ☐ Write down the name, phone number, and address ☐ Share this information with a family member, close		·
Where I'm Staying		
When making hotel reservations: ☐ Ask for a refrigerator (if needed for medicine). ☐ Request a room location or type, such as one that is	s wheelchair accessible, if n	needed.
When staying with family or friends: ☐ Tell them what to expect when my supplies are delir	vered.	
1 to 2 weeks before I leave: ☐ Call where I am staying and let them know when my	y medical supplies will arriv	ve. Who I spoke to:
Before leaving for my trip: ☐ Call to check if my shipment arrived. Who I spoke to):	
Packing		
Pack my medicines for the length of the trip plus up Talk with my home nurse about any additional supp		carry-on bag if traveling by plane, train, or bus.
Traveling During COVID-19		
☐ Plan my trip knowing the most recent COVID-19 pre☐ Talk to my care team about any safety concerns of t☐ Visit the CDC's Travel page for information about do☐ Pack extra masks, hand sanitizer, and disinfectant w☐ Pack extra medicines and supplies in case there are	raveling. omestic and international tr vipes.	ravel.
While traveling, carry this information with m ☐ Insurance and/or Medicare card ☐ A wallet travel card with my home care team contact emergency contacts ☐ Letter of medical necessity from my doctor (for dialy	t information and	☐ A list of my medicines and the dosages ☐ My dialysis prescription ☐ Copy of my medical summary (from my nurse) ☐ My home or in-center facility phone numbe



