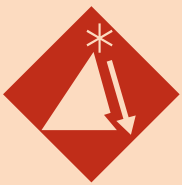


National Kidney
Foundation™

Planning for Emergencies

A Guide for Dialysis Facilities



This booklet has been prepared to help your facility develop an individual plan for coping with a natural disaster or other emergency. The NKF hopes that it alerts you to the many areas that need to be addressed in such a disaster plan. Remember, the most important thing you can do is PLAN AHEAD and educate your staff and patients.

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Planning for Emergencies: A Guide for Dialysis Facilities

Dialysis units can be affected by both natural and man-made disasters. Natural disasters include events such as blizzards, earthquakes, floods, hurricanes, tornadoes and fires caused by lightning strikes. Examples of man-made emergencies include power outages, fires, bomb threats and violence in the unit.

The delivery of dialysis has been challenged repeatedly by these disasters. In every instance, the affected dialysis community had to respond to the crisis by urgently gathering together the support of its local and regional resources to continue providing treatment for dialysis patients. Whether or not a dialysis facility can respond adequately to the unexpected consequences of a massive, widespread, multi-county natural disaster depends on the preparedness of each dialysis facility and the cooperative efforts of administrators, industry and Networks.

This document is intended to provide general guidelines to assist each dialysis facility in developing its own disaster plan. Based on an assessment of the probability and type of disaster in each region and the local resources available to a dialysis facility, it should be possible to design a disaster plan that will enable each facility to minimize damage and quickly resume operations. All disaster preparedness plans should include education of staff and patients.

Disaster Categories: Short-Term and Long-Term Situations

The extent of damage caused by natural disasters and other emergencies varies. Categorizing the type of disaster is useful in planning the proper response.

Type I (Short-Term)

These include any situations that would create a shutdown lasting from a few hours to 72 hours, usually due to a local factor and limited to one or two facilities. As a rule, fires, electrical failure or contamination of dialysis delivery systems have been the cause of this type of disaster.

Type II (Long-Term)

These include long-term situations that result in more than 72 hours of interrupted service. In order to respond adequately to a type II disaster, it is essential to have a well thought out plan on how to deal with loss of electric power, water interruption, loss of communication, inability of staff to get to the unit or even destruction of the existing structure, as well as personal losses of staff and patients. Following are a series of checklists to help you consider the possible situations and needs that may arise from a variety of natural disasters.

SECTION I

Facility Preparedness

Handling Communications Problems

The loss of electric power and telephone systems affects communication with staff, patients, back-up dialysis centers and ancillary services, thereby paralyzing the most basic services, which are usually taken for granted. It is important, therefore, to:

1. Establish a cellular system that bypasses conventional telephone lines. However, be aware that this can become overloaded or lose reception.
2. Learn to use the text messaging option on cellular phones. In an emergency, the network may be overloaded with thousands of phone calls, which require more bandwidth. Lower bandwidth communication, such as text messages, may still be allowed to go through.
3. Obtain a battery-powered AM/FM radio and extra batteries.
4. Be familiar with the emergency broadcast radio station in the local area.
5. Consider getting walkie-talkies to communicate within your facility during power outages.
6. Maintain a list of staff cell phone numbers and home e-mail addresses to help keep communications lines open.
7. Be familiar with any four-wheel drive vehicle clubs and ham operator (amateur radio operators) clubs in your area.
8. Keep a "hard copy" of patient and staff demographics and dialysis prescription information for all patients (in case patients are sent to dialyze at another center temporarily) in the unit.
9. Develop and distribute to staff and patients a list of emergency phone numbers, including back-up facilities and hospitals. (See page 22 for a suggested list.)
10. Invest in a weather alert radio to keep informed about weather conditions.



Planning for Basic Services

During a natural disaster, basic services such as power, water or the delivery of supplies may be interrupted for an extended period of time.

1. Determine if generators would be required to provide power for lighting, to pump water and to run dialysis machines, computers, elevators, the phone and heating/cooling systems. Each facility should decide whether to acquire a generator.
2. Make sure key staff members know minimum and maximum wattage needs.
3. Identify sources of back-up generators.
4. Plan for delays in fuel delivery.
5. Keep emergency back-up supplies on hand. (See page 17 for a suggested list.) A stock of each facility's needs should be developed and used on a rotational basis during normal operations.
6. Prepare for alternate water delivery. Contaminated water or water service interruption will stop dialysis services. Investigate sources of water from businesses such as fruit juice companies or dairy farmers and solicit their prior support for emergencies.
7. Determine whether a tanker truck could get to your facility to deliver water.
8. Be aware that reuse of dialyzers may not be practical. If feasible, consider using acetate rather than bicarbonate baths and run short dialysis treatments.
9. Develop alternate plans for garbage and medical waste disposal. Consider how many garbage bags will be needed. Alternate sites for storage or disposal of waste should be determined.
10. Establish a plan with the local rescue squad or emergency services for assistance in case of evacuation.
11. Make a list of the business and home phone numbers of vendors and companies that may need to be contacted.
12. Train and familiarize patients and staff with your facility plan for emergency services.
13. Identify any local transportation services if regular transportation vendors are not available. Contact churches and other sources of volunteers.
14. Prepare for loss of indoor plumbing. Basic sanitary requirements can be met by using kitty litter, fireplace ashes, or sawdust.

Ensuring Facility Safety

It's important to take time to secure equipment to prevent falls and spills in the event of a natural disaster.

1. Store chemicals such as chlorine bleach and formaldehyde separately. Ensure that staff members know how to contain and deal with a formaldehyde spill.
2. Do not store chemicals in places where they can fall or catch fire easily.
3. Have written instructions for the handling of hazardous wastes during emergencies. Provide staff with ongoing education regarding these instructions.
4. Ensure fire extinguishers in the center are designated for chemical and electrical fires and checked routinely by designated staff members.

5. Make sure that heavy wall-mounted objects such as TVs and monitors are attached securely to fixed structures.
6. Secure oxygen cylinders with safety chains.
7. Keep all stored cylinders away from patient areas.
8. Use shelves that have a lip at the edge to prevent objects from sliding off, particularly in earthquake-prone areas. Bolt storage shelves and file cabinets into studs in the wall.
9. Make sure that cabinet doors have secure safety catches to prevent objects and solutions from sliding and spilling out.
10. Have a sufficient supply of wall-mounted, battery-operated emergency lighting in patient areas, stairwells, emergency exits and hallways.
11. Avoid damage caused by heavy equipment. Some specific suggestions include:
 - fix computers to desk surfaces with Velcro
 - brace water heaters with plumber's tape
 - secure all items over four feet tall and items near exits.
12. Develop a plan on how to shut off water, gas and electricity in the facility; make sure all are clearly labeled, and designate the staff member who is responsible for these tasks. Place directions in readily accessible emergency packs.
13. Label important connectors such as the electrical transfer switch for the generator and the pipes used for hook-up to water tankers.
14. Store supplies and equipment as high as possible to avoid water damage. Broken pipes may result in flooding.
15. Make sure all dialysis machines and dialysis chairs are maintained in a "locked" position to prevent them from rolling. Equipment will roll in an earthquake depending on the direction the wheels are pointed, creating the additional trauma of dislodging fistula needles and subclavian catheters.
16. After an earthquake or a flood, evaluate the integrity of the water treatment system before continuing dialysis.
17. Consider stopping all high-flux dialysis when the quality of the water is in question. Store conventional dialyzers as part of the emergency supplies.
18. Secure potted plants and wall clocks, which may be propelled like missiles in the event of an earthquake.

Collaborative Planning

In the event of a natural disaster, help from other facilities or organizations may be necessary.

1. Develop a coordinated plan with facilities outside your immediate area or network to provide back-up dialysis. All staff of cooperating units should have in-service programs that deal with response to a natural disaster. Those who agree to assist each other in this manner should make sure patients go back to their regular facilities as soon as possible.

2. Planning sessions should include key personnel and consider sharing staff in an emergency.
3. Dialysis supply companies are a potential source of help. They can be included in planning sessions.
4. Establish a triage system to use when considering the possible hospitalization of some patients.
5. Consider volunteer help from the American Red Cross, Military Reserves, National Guard and other agencies.
6. In your facility planning, include frequent, on-site disaster drills for patients and staff.
7. Check with your legal consultants in the event a letter of indemnity is needed.
8. Include in your planning, extended care facilities (e.g., nursing homes, rehabilitation centers and even prisons).



Emergency Supplies to Have on Hand

Prepare a kit of emergency supplies, keep it in a safe place and designate one or more staff to retrieve it in case of a disaster. (See page 17 for list of supplies.)

Handling Finances and Maintaining Records in a Disaster

It is important to maintain records. Financial transactions are often disrupted following a disaster, and it may be difficult to document services rendered.

1. Continue to keep records during an emergency, even if it has to be done manually.
2. Make sure records are secured and protected from loss or damage.
3. Keep a back-up hard copy of the essential medical records of all patients.
4. Affiliation agreements should specify how supplies can be loaned in an emergency since there may not be enough cash on hand.
5. Make sure copies of the Materials Safety Data Sheets (MSDSs) are readily available.
6. Make alternative arrangements if payroll cannot be processed, such as loans or an agreement with your local bank to assist.
7. Maintain an accurate inventory to process insurance claims promptly and efficiently.
8. Review your insurance policies periodically to make sure your coverage keeps pace with the increased value of your buildings and equipment. Know what your policy covers.

Staff Preparedness

1. Have a written disaster preparedness plan.
2. Instruct new staff members on disaster preparedness.
3. Provide regular in-service training for all staff. Staff should be aware of directions given to patients.
4. Perform timed drills on a regular basis to practice necessary skills and to ensure safety for all.
5. Make sure a list of the home and mobile phone numbers of all staff members is kept in the homes of all key management personnel.
6. Develop a plan for a clear chain of command to deal with disasters. The plan should include the following:
 - who notifies staff
 - who notifies patients/family members
 - who notifies telephone, electricity, gas and water companies
 - who notifies administration and medical director
 - who is responsible for securing heavy equipment
 - who is responsible to shut off water, electricity and gas lines
 - who is responsible for evacuating charts or hard copies of patient treatment orders
 - who is responsible for communicating with emergency response agencies.
7. Adopt a policy for terminating dialysis in preparation for evacuation.
8. Designate a meeting area outside of facility.
9. Designate evacuation routes.
10. Make plans on how to locate families and others after a major emergency at the dialysis facility.
11. Store ready-to-eat foods, can openers and disposable dishes to be used if staff and patients must remain at the facility. Food preparation is difficult without water and power.
12. Keep flashlights, battery-powered radio and extra batteries available and check their function during drills.
13. Keep landline phones operational and available.
14. Never light candles or matches until potential gas leaks have been ruled out.
15. Modify plan annually.

Planning for Emergency Hemodialysis

1. Plan for additional new patients who cannot get to their own facilities or who have been injured in the disaster and require dialysis.
2. Establish a set of emergency dialysis orders approved by your medical director. Include:
 - specific dialyzers
 - dialysate composition (bicarbonate or acetate)
 - dialysis time
 - modification in medicines given (e.g., heparin, calcitriol injection, IV iron, etc.).
3. Staff and/or patients may need to hand crank the blood pump during a power failure. This will prevent the blood from clotting.

Steps to Take After a Disaster

Make a plan to follow after a disaster. Include the following steps:

1. Be flexible. Use teamwork.
2. Search for casualties. Establish first-aid stations.
3. Survey the building for damage and hazardous materials. Refer to your MSDSs. Watch for damaged floors, doors, ducts, walls, etc. Check for contaminated water, electrical hazards and gas leaks from piping.
4. Determine the ability of the facility to treat patients safely. Implement alternative plans if unable to treat.
5. Assess communications systems and inform the public and patients of status.
6. Begin clean-up. Prepare a list of damaged equipment to be reported to the insurance company.
7. Return to normal schedules and job responsibilities as soon as possible.

Coping With Disasters

Following a disaster, it is important to acknowledge and begin to deal with loss. Be aware that patients and staff may be dealing with personal loss of property or of family and friends.

1. Talk openly about the disaster. Encourage the expression of feelings about it.
2. Plan for long-term guidance for dealing with the disaster.
3. Encourage patients and staff to help in the relief effort if they desire. This can help the grieving process.
4. Remember that a sense of humor helps to relieve stress and contributes to a sense of well-being.
5. Encourage everyone to get back to normal slowly, allowing time for recovery.
6. Be patient when dealing with others.

7. Take quiet time alone if needed.
8. Count your blessings and share them with others.
9. Use your company's Employee Assistance Program or other crisis counseling agency. (See page 18 for Mental Health Resources.)

Considerations for Specific Disasters

Special considerations are necessary for specific disasters. Following are some suggestions listed by type of disaster. Each facility should set up annual reviews for patients and staff.

Blizzards

1. Continue to care for patients according to standard nursing and medical procedures.
2. Watch TV or listen to the emergency broadcast radio station for weather bulletins and emergency information.
3. Make plans to house and feed staff and patients who are stranded by the storm.
4. Plan alternate means of transportation, such as snowmobiles or four-wheel drive vehicles.
5. Be prepared for power outages that may result in loss of heat, lights and power to run equipment.

Earthquakes

1. Help patients to get off dialysis machines if possible.
2. Tell patients to protect their heads and access arms and to stay put until advised by staff that it is safe to move. Protect patients' heads with pillows or blankets if possible.
3. Stay clear of windows and tall objects that could fall over.
4. Do not leave the building unless collapse seems likely.
5. Search for casualties and give first aid.
6. After the earthquake, check the building for structural damage.
7. Be prepared for aftershocks.
8. Listen to a battery-operated radio and assign someone to keep track of what is going on in the area.
9. Check your emergency supplies. Remember to conserve supplies and use them sparingly.
10. Turn off lighting and other electrical devices.
11. Do not use the telephone except in extreme emergencies.
12. Report any gas smells, chemical spills or other damage to the hazardous materials team, emergency medical services (EMS) or building inspector.
13. If evacuation of the facility becomes necessary, follow the steps outlined in preparedness plan.
14. Prepare a report describing the injuries and structural damage on your floor or unit.

Floods

1. Continue to care for patients according to standard nursing and medical procedures.
2. Watch TV or listen to the emergency broadcast radio station for weather bulletins and emergency information.
3. If evacuation of the facility becomes necessary, follow the steps outlined in preparedness plan.
4. Take the following precautions when traveling outdoors:
 - Avoid areas that are already flooded or where floods are likely to occur (e.g., low-lying areas, canyons, washes).
 - Move to high ground in case of rapidly rising water.
 - Do not drive through flooded areas or cross water that may be more than knee-deep.
 - Be very careful at night when flood dangers are harder to spot.

Hurricanes

1. Listen to local authorities and follow their evacuation instructions. Facilities or patients located near the shore, on an offshore island, near a river or in a flood plain and patients living in mobile homes will be evacuated first.
2. Make plans to evacuate well before the storm arrives to avoid last minute confusion. Stay tuned to the emergency broadcast radio station.
3. Be familiar with safe routes inland.
4. Know where official shelters are located.

Tornadoes

1. Remove patients from dialysis machines if necessary.
2. Go to designated shelter areas within the building.
3. Stay away from windows, doors and outside walls. Secure windows and doors with tape if tornado warnings are received early enough.
4. Lie face down; protect head. Patients should also protect access arm.
5. Watch TV or listen to the emergency broadcast radio station for weather bulletins and emergency information.
6. Do not leave the shelter area until an all-clear is advised.

Terrorist Attack

The Department of Homeland Security (www.dhs.gov; 202.282.8000) has up-to-date information on preparedness for a terrorist attack.



SECTION II

Patient Preparedness

General Considerations

This information applies to all patients—in-center hemodialysis, home hemodialysis and peritoneal dialysis.

1. Provide patients and/or spouse or caregiver with copies of the National Kidney Foundation (NKF) booklet: *Planning for Emergencies: A Guide for Kidney Patients* (also available online at www.kidney.org) and an outline of your facility's disaster preparedness plan. Review information with them periodically.
2. Encourage patients to fill out and carry forms with them listing essential information such as dialysis orders, medications, access, insurance, doctor's name, etc. (For details, see pages 18 to 22 of this guide.) Make sure information is updated at least once a year.
3. Provide patients with the names, locations and phone numbers of other units and area hospitals that they can contact.
4. Provide patients with information about the emergency broadcast radio station for the area.
5. Develop a plan for alternate transportation needs. Remember that the Center for Medicare and Medicaid Services (CMS) has emergency plans for covering transportation costs in emergencies. Include the following:
 - helicopter to cross flooded areas
 - all-terrain vehicles for blizzards
 - help from the staff in locating patients and transporting them for treatment.
6. Make sure patients have lists of items they should keep at home including battery-operated radio, extra batteries, flashlights, candles, matches, food, water, fire extinguisher, first-aid kit.
7. Develop a policy for dialysis patients to get themselves off the dialysis machine safely if staff cannot assist them during an emergency situation.
8. Make sure patients have a resource directory with emergency phone numbers.
9. Provide information on emergency diet for dialysis patients to use if they have to miss dialysis. Remember that food preparation is difficult without power and water. (See *Emergency Meal Planning* starting on page 23.)
10. Advise patients to ask a friend or relative living in another area to be a designated contact person in the event that the patient is unable to place telephone calls in the immediate area but can still place calls outside the area.
11. Assist patients with plans on how to find loved ones after a major emergency.
12. Advise patients to obtain and wear a medical emblem. One well-known medical emblem system is MedicAlert, 2323 Colorado Avenue, Turlock, CA 95382; 1-800-ID-ALERT, www.medicalert.org. Another is BodyGuard, 111 E. Parkway Drive, Egg Harbor Township, NJ 08234; (609) 646-4777, www.medicalidtags.com. In some areas, organizations like the NKF may assist patients in obtaining an emblem. You can find out where NKF affiliate local office is located by calling 800.622.9010.

In-Center Hemodialysis Patients

1. Encourage patients to have the following at home:
 - extra supplies of medicine and food
 - extra medical supplies at work if employed outside the home.
2. Give patients the name and location of a back-up unit in the area and instruct them to contact the unit in case they are unable to get to their regular unit during an emergency.
3. Give patients the phone numbers of the local NKF affiliate office and emergency broadcast radio station for help in finding out if the unit is open.
4. Advise patients to contact police and EMS if they need assistance in getting to their unit. However, this may not always be available due to circumstances.
5. Train patients to be comfortable taking themselves off the dialysis machine in case staff are unable to assist them in an emergency. Provide hands-on teaching materials, such as samples of connecting blood lines to practice the disconnect procedure. Also, print a list of easy-to-follow steps used in your facility's disconnect procedure, and attach a copy to each dialysis machine. Have the patient practice this routine when staff members are available to teach and supervise.

Home Hemodialysis Patients

1. Encourage patients to have the following at home:
 - a two-week stock of dialysis supplies at home; expiration dates should be checked on a regular basis and the stock rotated when needed
 - extra supply of medicines and food
 - extra medical supplies at work, if employed outside of the home.
2. Advise patients to:
 - register with the local water and power companies for priority restoration of service
 - contact the home training staff to make alternate arrangements if they are unable to continue treatments at home
 - communicate with their back-up unit if they are unable to contact their regular unit during an emergency.
3. Train patients to be comfortable taking themselves off the dialysis machine. Make sure they have directions to follow in case they lose power while dialyzing.

Continuous Ambulatory Peritoneal Dialysis (CAPD) Patients

1. Encourage patients to have the following at home:
 - a two-week stock of dialysis supplies at home; expiration dates should be checked on a regular basis and the stock rotated when needed
 - extra supply of medicines and food, including a five-day supply of the medication usually prescribed for peritonitis
 - antibacterial hand sanitizer (in case patients are unable to wash hands before attending dialysis)
 - extra medical supplies at work, if employed outside of the home.

2. Advise patients to:
 - register with the local water and power companies for priority restoration of service
 - communicate with their back-up unit in the event that they cannot contact their regular unit during an emergency
 - keep extra batteries charged if they use ultraviolet devices.

Continuous Cycling Peritoneal Dialysis (CCPD) Patients

1. Encourage patients to have the following at home:
 - a two-week stock of dialysis supplies at home; expiration dates should be checked on a regular basis and the stock rotated when needed
 - an extra supply of medicines and food, including a five-day supply of the medication usually prescribed for peritonitis
 - antibacterial hand sanitizer (in case patients are unable to wash hands before attending dialysis)
 - extra medical supplies at work, if employed outside of the home.
2. Advise patients that they should register with their local water and power companies for priority restoration of service.
3. Advise patients to keep batteries charged if they use ultraviolet devices.
4. Give patients instructions to follow in case they lose power while dialyzing.
5. Train CCPD patients on CAPD.
6. Advise patients to communicate with their back-up units in the event that they cannot reach their regular unit during an emergency.

Diabetic Patients

1. Encourage patients to have the following at home:
 - extra batteries needed for blood sugar monitoring devices
 - extra supplies of insulin and syringes on hand at all times
 - foods needed to counter low blood glucose reactions (e.g., sugar, honey, instant glucose or glucose tablets, sugared soda pop, low-potassium juices and hard candy).

Elderly and Disabled Patients

1. Survival of the elderly or disabled may depend on meeting their need for shelter, food or dialysis. These patients and their families may need special assistance in planning for emergencies.
2. Identify individuals who can provide support to elderly or disabled patients in case of a disaster. Disruption in their daily routine can cause the elderly or disabled to lose confidence in making basic survival decisions.
3. Include nursing homes and extended care facilities in planning.

Emergency Supplies

Emergency Pack to Keep at Each

Dialysis Station

band-aids
clamps
scissors
sterile gauze
tape

Dialysis Supplies

access needles
blood lines
clamps
concentrate
conventional dialyzers
gauze
needles
normal saline
port caps
tape

Medicines

heparin
sodium polystyrene sulfonate
(for treating hyperkalemia)
xylocaine

First-Aid Supplies

ace bandages
alcohol swabs
antibiotics
antiseptic swabs
band-aids
pain medication
suture sets
syringes

Other Medical Supplies

portable blood pressure cuffs
stethoscopes

Personal Safety Items

face shields/goggles
gloves

Sterile Supplies

bleach containers
disinfectant for machines
garbage bags
hazardous bags

Electrical Supplies

extension cords
flashlights
power adaptors
transducers

Office Supplies

master list of patients
pens
treatment forms

Communication Supplies

cellular phones
walkie-talkies



Patient Information Form

Complete the following information and keep this with you. If you need to go to another facility, you will need to have this information available. Make copies of your insurance ID cards and attach them to this form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Your Medicare Number: _____

Other Insurance: _____

Policy Number: _____

Your Dialysis Center: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Head Nurse: _____

Your Nephrologist: _____ Phone: _____

Treatment Information Form

If you need to go to another facility or if your treatment information is destroyed or unavailable, this information will help your caregivers to provide you with the appropriate treatment. Your nurse or doctor can help complete this form. It should be updated as changes occur.

Date Completed: _____

Primary Kidney Diagnosis: _____

Allergies: _____

Medications: _____

Pertinent Past Medical History: _____

Type of Treatment: Center Hemodialysis CAPD Home Hemodialysis CCPD

Dialysis Prescription

Dialyzer: _____ Dialysate: _____

Hours per run: _____ Times per week: _____

Dry Weight: _____ Average Weight Gain: _____

Heparinization: _____

Access Site: _____ Needle Size: _____

Blood Flow Rate: _____

Re-Use: Yes No

Lidocaine: Yes No

HBsAg Status: _____

Blood Type: _____

Special Needs/Problems: _____

Peritoneal Dialysis Information

CAPD

System: _____

Number of Exchanges: _____ Fill Volume: _____ Estimated Dry Weight: _____

Exchange Information:

Percentage of Dextrose (based on weight increase):

1–2 lbs. 1.5% 3–5 lbs. 3.5%

2–3 lbs. 2.5% 3–5 lbs. 4.25%

Low Calcium 3.5 mEq/L Dianeal: _____

Reg. Calcium 3.5 mEq/L Dianeal: _____

Dianeal PD 2 magnesium 0.5: _____

Peritonitis:

Is patient trained to do IP antibiotics? Yes No

Does patient have antibiotic at home? Yes No

Name of antibiotic: _____

Diabetic: Yes No Insulin: IP SQ

Specify amount insulin used: SQ Dose _____ Evening Dose _____

Sliding Scale for insulin (attach if available):

Regular Intraperitoneal avg. dose for:

1.5% _____ 3.5% _____

2.5% _____ 4.25% _____

Peritoneal Dialysis Information

CCPD

Type of Cycler: _____

Night-time total liters delivered: _____ Hours of Therapy: _____

Fill volume per cycle: _____ Fill Time: _____

Dwell Time: _____ Drain Time: _____

Daytime Dwell: Yes No Daytime Volume: _____

Exchange Information:

Percentage of Dextrose (based on weight increase):

1–2 lbs. 1.5% 3–5 lbs. 3.5%

2–3 lbs. 2.5% 3–5 lbs. 4.25%

Low Calcium 3.5 mEq/L Dianeal: _____

Reg. Calcium 3.5 mEq/L Dianeal: _____

Dianeal PD 2 magnesium 0.5: _____

Peritonitis:

Is patient trained to do IP antibiotics? Yes No

Does patient have antibiotic at home? Yes No

Name of antibiotic: _____

Diabetic: Yes No Insulin: IP SQ

Specify amount insulin used: SQ Dose _____ Evening Dose _____

Sliding Scale for insulin (attach if available):

Regular Intraperitoneal avg. dose for:

1.5% _____ 3.5% _____

2.5% _____ 4.25% _____

Emergency Phone Numbers

Emergency Numbers

Fire 911
Police 911
Ambulance 911
Poison Control _____

Dialysis Numbers

Medical Director _____
Head Nurse _____
Chief Tech _____
Social Worker _____
Dietitian _____
Administrator _____
NKF Affiliate _____
ESRD Network _____

Medical Numbers

Nearest Hospital _____
Back-up Dialysis
Center _____
Public Health Dept. _____
Other Dialysis
Facilities 1. _____
2. _____

Disaster Numbers

Office of Emergency
Services _____
Centers for Disease
Control _____

Hazardous Material _____
Red Cross _____
Nearest Identified
Shelter Area _____
State Adjutant General
(for help from
Nat'l. Guard) _____
State Board of Nursing
(if out-of-state nurses
are brought
in to work) _____

Local Services

Telephone Repair 611
Water Department _____
Plumber _____
Electric/Gas
Department _____
Electrician _____
Building Inspector _____
Building Contractor _____
Water Treatment
Contractor _____
Transportation
Company _____
Dialysis Supplier _____

Emergency Meal Planning

Why do I need an emergency meal plan?

This meal plan is for you to use in case of an emergency or a natural disaster when you may not be able to attend dialysis. It is important to follow a limited diet if dialysis has to be missed. A grocery list and a three-day meal plan for an emergency are included in this booklet. This diet is much more strict than your usual diet. This very strict plan is needed to control the buildup of toxins such as potassium, phosphorus, urea and fluids that can be life-threatening to you if several dialysis treatments are missed due to the emergency.

What should I expect during an emergency situation?

Be familiar with your surroundings and evacuation procedures. Keep in mind that many things we depend on daily may not be working during an emergency. You may be without a telephone. Water and electricity may be cut off, keeping you from cooking your meals in the usual way. You may need to use cold or shelf-stable foods until the crisis is over. Food in your refrigerator will keep safely for up to 12 hours and in the freezer for one to two days, if these appliances are opened **only** when meals are prepared. It is best to eat the foods from your refrigerator and freezer first before using your shelf-stable foods. Distilled water, disposable plates and utensils also should be kept on hand.

How do I prepare myself for the emergency?

As natural disasters may happen without warning, it is good to keep foods with a long shelf-life on hand at all times. If you do stock foods, remember to check dates for freshness and replace regularly.

The following items are important and useful to have on hand in case of an emergency:

- this booklet
- always have a two-week supply of all medicines and vitamins
- all of the groceries listed in this guide
- people with diabetes need to have enough insulin and supplies on hand, including extra batteries for the glucometer
- emergency phone list with names and phone numbers of your doctor, dialysis unit and the local hospital
- AM/FM radio with extra batteries
- flashlight with extra batteries
- candles and matches
- measuring cups and scale
- plastic forks, spoons, knives, plates, bowls and cups
- land line—old-fashioned corded telephone
- cash on hand

- full tank of gas
- napkins
- hand-operated can opener
- five gallons distilled water
- refrigerator thermometer.

Is there anything else I should know?

1. It is **very important** to follow your diet according to the meal plan given.
2. Be careful when eating perishable foods to avoid food poisoning. If a jar or can is opened, do not keep it longer than four hours unless refrigerated.
3. Use disposable plates and utensils. Throw away after use.
4. Keep distilled water handy for mixing milk or juice. Mix small amounts of only four ounces at a time.
5. Limit intake of fluid to two cups or 16 ounces per day. Chew gum to help cope with thirst.
6. **Do not use** salt or salt substitute with your meals. Use salt-free foods when possible.
7. Avoid high-potassium foods. Limit the kinds and portion sizes of fruits and vegetables eaten to those listed in this booklet.
8. If you have diabetes, keep instant glucose tablets, sugar, hard candy, low-potassium fruit juices, or sugared sodjula pop on hand to treat low blood sugars. Avoid high-potassium fruit juices (orange juice).



Three-Day Emergency Grocery List for People on Dialysis

Item	Amount (per person)
Bread/Cereal (use 6–8 servings per day)	
White bread	1 loaf
Dry cereal, unsalted, sweetened or unsweetened puffed wheat or rice, shredded wheat	6 single-serve containers or 1 box
Vanilla wafers or graham crackers or unsalted crackers	1 box
Fruits/Juices (limit to 2–4 servings per day)	
Canned or sealed plastic container: applesauce, pears, peaches, pineapple, mandarin oranges, fruit cocktail	12 single-serve containers
Cranberry and apple juice or Juice boxes or pouches of premixed fruit punch or lemonade or Powdered drink mixes (fruit-flavored, fruit punch or lemonade)	2 single-serve containers or 2 packages or 1 canister
Fish/Meat (limit to 3 oz. per day; low sodium)	
Tuna, salmon, meat, turkey, chicken peanut butter, unsalted	6 small cans 1 jar
Milk (limit to 1/2 cup per day)	
Evaporated milk	3 small cans
Dry milk solids	2 packages
Sweets (use as desired to increase calories)	
Marshmallows	1 large bag
Jelly beans, sourballs, hard candies, clear mints	5 bags total
Honey	1 jar
White sugar	1 small bag
Jelly	1 jar
Fats (use 6 or more servings per day)	
Salad or cooking oil	1 bottle
Mayonnaise (perishable after opening)	Individual packets or 3 small jars
Margarine	1 pound
Other	
Distilled water	5 one-gallon jugs

Three-Day Emergency Meal Plan for People on Dialysis

The sample meal plans given provide about 40–50 grams of protein, 1500 mg sodium, 1500 mg potassium and less than 500 cc or 16 ounces of fluid for each of the three days. You may adjust selections to fit your individual taste. These meal plans are stricter than your normal kidney diet to keep waste products from building up in your blood during the emergency situation. Fluid is limited to less than 500 cc (2 cups or 16 ounces) each day to prevent you from swelling or having shortness of breath. If the disaster should continue for more than three days the meal plan can be repeated, beginning with Day 1.

Day 1

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup)
- 1 tablespoon sugar
- 1/2 cup pineapple (single serving)

Morning Snack

- 5 vanilla wafers
- Honey or jelly as desired on wafers
- 10 sourballs

Lunch

- 2 slices white bread
- 1/4 cup low-sodium tuna (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup pears (single serving)
- Powdered drink mix with 1/2 cup distilled water

Afternoon Snack

- 6 unsalted crackers
- Honey or jelly as desired on crackers
- 10 jelly beans

Day 1 (cont'd)

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup peaches (single serving)
- 1/2 cup cranberry juice (from box or pouch)

Evening Snack

- 3 graham crackers
- Honey or jelly as desired on crackers
- 10 mints

Day 2

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or mix 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup from box)
- 1 tablespoon sugar
- 1/2 cup mandarin oranges (single serving)

Morning Snack

- 3 graham crackers
- Honey or jelly as desired on graham crackers
- 10 hard candies

Lunch

- 2 slices white bread
- 1/4 cup low-sodium turkey (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup fruit cocktail (single serving)
- Powdered drink mix with 1/2 cup distilled water

Day 2 (cont'd)

Afternoon Snack

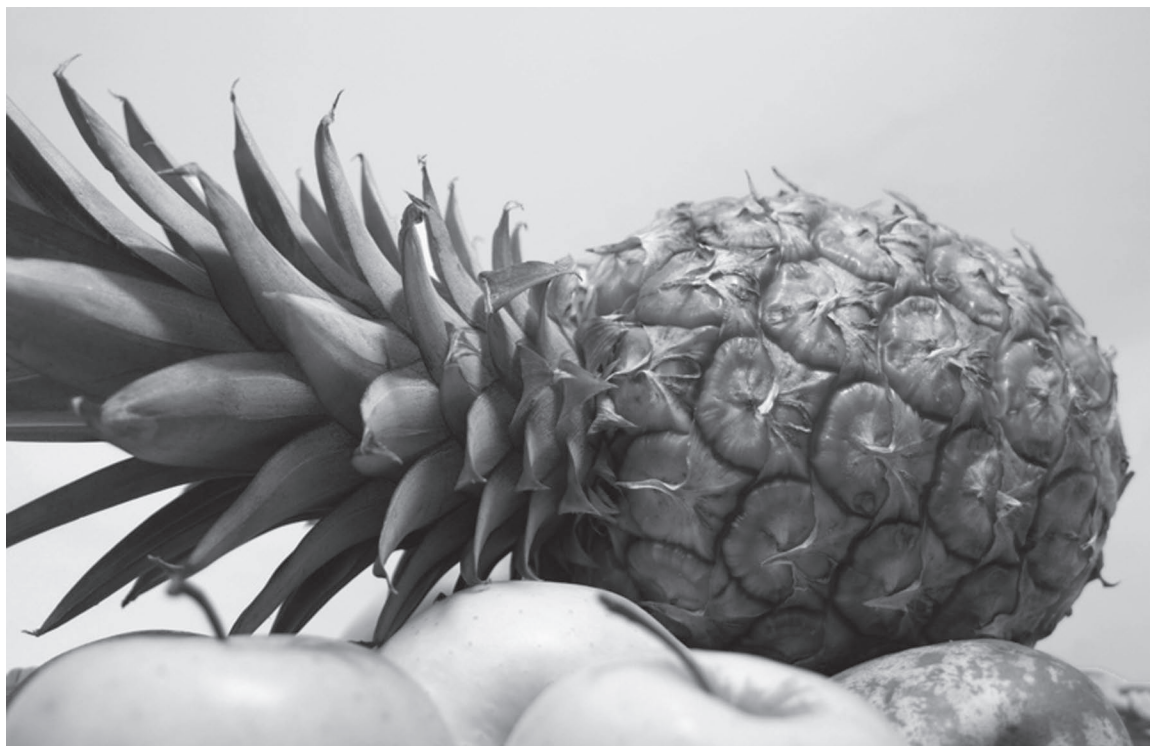
- 6 unsalted crackers
- Honey or jelly as desired on crackers
- 10 large marshmallows

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup pineapple (single serving)
- 1/2 cup cranberry juice (from box or pouch)

Evening Snack

- 5 vanilla wafers
- Honey or jelly as desired (use on wafers)
- 10 sourballs



Day 3

Breakfast

1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or 1/4 cup evaporated milk with 1/4 cup distilled water

1 single serving of cereal (1/2–3/4 cup from box)

1 tablespoon sugar

1/2 cup pears (single serving)

Morning Snack

6 unsalted crackers

Honey or jelly as desired on crackers

10 large marshmallows

Lunch

2 slices white bread

2 tablespoons low-sodium peanut butter

1/2 cup peaches (single serving)

Powdered drink mix with 1/2 cup distilled water

Afternoon Snack

3 graham cracker squares

Honey or jelly as desired on crackers

10 mints

Dinner

2 slices white bread

1/2 cup (2 oz.) low-sodium chicken (open new can daily)

2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)

1/2 cup mandarin oranges (single serving)

1/2 cup cranberry juice (from box or pouch)

Evening Snack

5 vanilla wafers

Honey or jelly as desired (use on wafers)

10 sourballs

Three-Day Emergency Grocery List for People With Diabetes and CKD

Item	Amount (per person)
Bread/Cereal (use 6–8 servings per day)	
White bread	1 loaf
Dry cereal, unsalted, unsweetened puffed wheat or rice, shredded wheat	6 single-serve containers or 1 box
Vanilla wafers or graham crackers or unsalted crackers	1 box
Unsweetened Fruits/Juices (limit to 2–4 servings per day)	
Canned or sealed plastic container: applesauce, pears, peaches, pineapple, mandarin oranges, fruit cocktail	12 single-serve containers
Apple or cranberry juice	12 boxes or pouches
Sugarfree powdered drink mix (fruit-flavored, fruit punch or lemonade) or Sugarfree lemon lime or ginger ale soda	1 canister or 2 packages 6 cans
Fish/Meat (limit to 3 oz. per day; low sodium)	
Tuna, salmon, meat, turkey, chicken peanut butter, unsalted	6 small cans 1 jar
Milk (limit to 1/2 cup per day)	
Evaporated milk	3 small cans
Dry milk solids	2 packages
Artificial sweetener	
1 box of packets	
Sweets (use only to treat low blood sugar)	
Sour balls, hard candies	1 bag
Corn syrup	1 bottle
White sugar	1 small bag
Jelly	1 jar
Sugared lemon-lime or ginger ale soda. Limit use of soda to avoid fluid overload.	3 12-ounce cans
Fats (use 6 or more servings per day)	
Salad or cooking oil	1 bottle
Mayonnaise (perishable after opening)	Individual packets or 3 small jars
Margarine	1 pound
Other	
Distilled water	5 one gallon jugs

Three-Day Emergency Meal Plan for People With Diabetes and CKD

The sample meal plans given provide about 40–50 grams of protein, 1,500 mg sodium, 1,500 mg potassium, 1,800 calories and less than 500 cc or 16 ounces of fluid for each of the three days. You may make changes within a diabetic exchange group to fit your individual taste. These meal plans are stricter than your normal renal and diabetic diet to keep waste products from building up in your blood during the emergency situation. Fluid is limited to less than 500 cc (two cups or 16 ounces) each day to prevent you from swelling or having shortness of breath. If the disaster should continue for more than three days the meal plan should be repeated.

Day 1

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or mix 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup from box)
- 2 teaspoons artificial sweetener (optional)
- 1/2 cup pineapple (single serving)

Morning Snack

- 6 unsalted crackers
- 1 tablespoon margarine spread on crackers

Lunch

- 2 slices white bread
- 1/4 cup low-sodium tuna (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup pears in unsweetened juice (single serving)
- 1/2 cup sugar-free beverage

Afternoon Snack

- 5 vanilla wafers

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)
- 1/2 cup peaches in unsweetened juice (single serving)
- 1/2 cup unsweetened apple juice (from box or pouch)

Evening Snack

- 3 graham cracker squares

Day 2

Breakfast

1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or mix 1/4 cup evaporated milk with 1/4 cup distilled water

1 single serving of cereal (1/2–3/4 cup from box)

2 teaspoons artificial sweetener (optional)

1/2 cup unsweetened applesauce (single serving)

Morning Snack

5 vanilla wafers

Lunch

2 slices white bread

2 tablespoons low-sodium peanut butter

1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)

1/2 cup mandarin oranges in unsweetened juice (single serving)

1/2 cup sugar-free beverage or soda

Afternoon Snack

6 unsalted crackers

1 tablespoon margarine spread on crackers

Dinner

2 slices white bread

1/2 cup (2 oz.) low-sodium chicken (open new can daily)

2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)

1/2 cup pineapple packed in unsweetened juice (single serving)

1/2 cup unsweetened apple juice (from box or pouch)

Evening Snack

3 graham cracker squares

Day 3

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup from box)
- 2 teaspoons artificial sweetener (optional)
- 1/2 cup pears packed in unsweetened juice (single serving)

Morning Snack

- 6 unsalted crackers
- 1 tablespoon margarine

Lunch

- 2 slices white bread
- 1/4 cup (2 oz.) low-sodium turkey (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup peaches in unsweetened juice (single serving)
- 1/2 cup sugar-free drink or soda

Afternoon Snack

- 5 vanilla crackers

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)
- 1/2 cup fruit cocktail (single serving)
- 1/2 cup cranberry juice (from box or pouch)

Evening Snack

- 3 graham crackers

Notes:

- Use 1 tablespoon peanut butter if you need a protein source at evening snack.
- Continue to monitor blood sugar.
- Follow your protocol for insulin reactions and be sure to keep enough supplies on hand. Best choices for treating low sugars are fluid-free items such as sugar, corn syrup, hard candy, instant glucose, and glucose tablets. Sugared soda and low-potassium juices may also be used, but must be counted as part of your 2-cup or 16-ounce daily limit.

Emergency Resources for People With Kidney Disease

The following list has been compiled to help your facility and patients in the event of an emergency.

Essential information for people with CKD and transplant recipients

Kidney Community Emergency Preparedness and Response: 888.33KIDNEY, www.kidney.org/help

Help getting dialysis in an emergency

The Forum of End Stage Renal Disease (ESRD) Networks: 804.794.2586

Nephron Information Center: www.dialysisunits.com

Planning for an emergency: brochures, checklists, and other publications

NKF: 800.622.9010 www.kidney.org

- *Planning for Natural Disasters and Other Types of Emergencies: A Guide for Kidney Patients*
- *Fact Sheets: Emergency Meal Planning, Emergency Meal Planning for Diabetics*

American Association of Kidney Patients (AAKP): 800.749.2257, www.aakp.org

- *Emergency Guide*
- *Patient Emergency Information Sheet*

Centers for Medicare and Medicaid Services (CMS): 800.MEDICARE, www.medicare.gov

- *Preparing for Emergencies: A Guide for People on Dialysis*, Publication # CMS 10150 (available in Spanish)

Federal (Department of Health and Human Services) emergency checklist:

www.pandemicflu.gov/planguide/emergencycontacts.pdf

The Nephron Information Center: www.dialysisunits.gov

- Meal plan for disasters and emergencies

Helpful organizations in an emergency

American Red Cross: 202.303.4498, www.redcross.org

Federal Emergency Management Agency (FEMA): 800.621.FEMA (3362), 800.462.7585 (TTY); www.fema.gov

Food and Drug Administration (FDA): 888.INFO.FDA (888.463.6332), U.S. hurricane site: www.fda.gov/cdrh/emergency/hurricane.html

National Hurricane Center: www.nhc.noaa.gov

National Weather Service: www.weather.gov

U.S. Department of Housing and Urban Development: 202.708.1112, TTY: 202.708.1455;
www.hud.gov/katrina

Emergency grant information

American Kidney Fund: 800.638.8299, 301.881.3352, 866.300.2900 (Español);
www.akfinc.org

AAKP: 800.749.2257, 813.636.8100, www.aakp.org

American Red Cross: 202.303.4498, www.redcross.org

Caregiver Emergency Respite Fund: 317.713.2979, www.caregiveremergencyrespitefund.org

FEMA: 800.621.FEMA (3362), 800.462.7585 (TTY); www.fema.gov

NKF: 800.622.9010, 212-889-2210; www.kidney.org

Kidney disease organizations

NKF: 800.622.9010, 212-889-2210; www.kidney.org

AAKP: 800.749.2257, 813.636.8100, www.aakp.org

American Kidney Fund: 800.638.8299, 301.881.3352; www.akfinc.org

The Forum of ESRD Networks: 804.794.2586, www.esrdnetworks.org

Mental health resources

American Association of Retired Persons (AARP): 888.687.2277, www.aarp.org/griefandloss

American Academy of Child and Adolescent Psychiatry: 202.966.7300, www.aacap.org

Anxiety Disorders Association of America: 301.231.9350, www.adaa.org

Centers for Disease Control and Prevention (CDC): 800.CDC.INFO, 888.232.6348 (TTY);
www.bt.cdc.gov/mentalhealth

Department of Health and Human Services: 800.789.2647, www.mentalhealth.samhsa.gov/disasterrelief

Depression and Bipolar Support Alliance: 800.826.3632 www.dbsalliance.org

GriefNet.org: www.griefnet.org

Growth House: www.growthhouse.org

National Association of the Mentally Ill: 800.950.NAMI (6264), www.NAMI.org

National Institute of Mental Health: 866.615.6464, www.nimh.nih.gov

NKF's *Family Focus* Summer 2005 issue: www.readfamilyfocus.org

National Mental Health Association: 800.969.NMHA (6642), www.nmha.org

Posttraumatic Stress Disorder Alliance: www.ptsdalliance.org

Stress Anxiety and Depression Resource Center: www.stress-anxiety-depression.org

Stress Anxiety and Depression Resource Center: www.stress-anxiety-depression.org

U.S. Department of Health and Human Services: www.hhs.gov/emergency or
www.mentalhealth.samhsa.gov/disasterrelief/psa.aspx

U.S. Department of Veterans' Affairs—National Center for Post-Traumatic Stress Disorder:
www.ncptsd.va.gov

Symbology Background

Federal, state and local agencies worked together under the support of the Federal Geographic Data Committee's (FGDC) Homeland Security Working Group to develop the symbology used on the cover of this guide. The FGDC has been tasked to develop a standard set of symbols at all levels of need (i.e., national, state, local and incident). Symbols and their definitions have been developed for Incidents, Natural Events, Operations and Infrastructures at a level to provide immediate and general understanding of situations and to work across all disciplines and cultures. To further distinguish between the four categories, frame shapes or border patterns (diamonds, circles and rectangles) are used to visually classify the symbols into their respective groups (Incidents, Natural Events, Operations and Infrastructures). The symbols shown are a work-in-progress. The official symbol set will not be released until the standards process is complete.

Key to symbols on cover (l to r):

Row 1—avalanche; earthquake; landslide; volcanic eruption; drought; flood.

Row 2—sand dust storm; snow; thunderstorm; tornado; hurricane; tsunami.

Row 3—EMT station; health department facility; hospital; medical facilities, outpatient; pharmacies.

Row 4—emergency collection evaluation point; emergency shelters; other water supply location; fire station; police.

Row 5—bomb threat; poisoning; fire incident; residential fire; smoke; special needs fire.

Diamond shapes represent incidents/natural events. Circular shapes represent operations.

ESRD NETWORKS

NETWORK 1 (CT, ME, MA, NH, RI, VT)

ESRD Network of New England, Inc.
30 Hazel Terrace
Woodbridge, CT 06525
Phone: 203.387.9332

NETWORK 2 (NY)

ESRD Network of New York, Inc.
1249 Fifth Avenue, A 419
New York, NY 10029
Phone: 212.289.4524

NETWORK 3 (NJ, PR, VI)

Trans-Atlantic Renal Council
109 S. Main Street, #21
Cranbury, NJ 08512-3174
Phone: 609.490.0310

NETWORK 4 (DE, PA)

ESRD Network #4, Inc.
40 24th Street
Pittsburgh, PA 15222
Phone: 412.325.2250

NETWORK 5 (DC, MD, VA, WV)

Mid-Atlantic Renal Coalition
1527 Huguenot Road
Midlothian, VA 23113
Phone: 804.794.3757

NETWORK 6 (GA, NC, SC)

Southeastern Kidney Council, Inc.
1000 St. Albans Drive, Ste. 270
Raleigh, NC 27609
Phone: 919.855.0882

NETWORK 7 (FL)

FMOAL: The Florida Network
4350 W. Cypress Street, Ste. 900
Tampa, FL 33607
Phone: 813.383.1520

NETWORK 8 (AL, MS, TN)

Network 8, Inc.
PO Box 55868
Jackson, MS 39296-5868
Phone: 601.936.9260

NETWORK 9/10 (IL, IN, KY, OH)

The Renal Network, Inc.
1360 Energy Park, Ste. 200
Indianapolis, IN 55108
Phone: 317.257.8265

NETWORK 11 (MI, MN, ND, SD, WI)

Renal Network of the Upper Midwest, Inc.
1360 Energy Park Dr., Ste. 200
St. Paul, MN 55108
Phone: 651.644.9877

NETWORK 12 (IA, KS, MO, NE)

ESRD Network #12
7509 NW Tiffany Springs Pkwy., Ste. 230
Kansas City, MO 64153
Phone: 816.880.9990

NETWORK 13 (AR, LA, OK)

ESRD Network Organization #13
4200 Parimeter Center Dr., Suite 102
Oklahoma City, OK 73112-2314
Phone: 405.942.6000

NETWORK 14 (TX)

ESRD Network of Texas, Inc.
14114 Dallas Pkwy, Ste. 660
Dallas, TX 75254
Phone: 972.503.3215

NETWORK 15 (AZ, CO, NV, NM, UT, WY)

Intermountain ESRD Network, Inc.
1301 Pennsylvania Ave., Ste. 750
Denver, CO 80203-5012
Phone: 303.831.8818

NETWORK 16 (AK, ID, MT, OR, WA)

Northwest Renal Network
4702 42nd Avenue, SW
Seattle, WA 98116
Phone: 206.923.0714

NETWORK 17 (AS, GU, MARIANA ISL., HI, N.CA)

TransPacific Renal Network
4470 Redwood Hwy, Suite 102
San Rafael, CA 94903
Phone: 415.472.8590

NETWORK 18 (SOUTHERN CA)

Southern California Renal Disease Council, Inc.
6255 Sunset Boulevard, Ste. 2211
Los Angeles, CA 90028
Phone: 323.962.2891

National Kidney Foundation of Alabama, Inc.
5735 Carmichael Parkway, Suite 200
Montgomery, AL 36117
Phone: 334.396.9870

National Kidney Foundation of the Alleghenies, Inc.
700 5th Ave., 4th Floor
Pittsburgh, PA 15219-3017
Phone: 412.261.4115

National Kidney Foundation of Arizona, Inc. (dba Arizona Kidney Foundation)
4203 E. Indian School Rd.
Suite #140
Phoenix, AZ 85018
Phone: 602.840.1644

National Kidney Foundation of Northern California, Inc.
131 Steuart Street
Suite 520
San Francisco, CA 94105
Phone: 415.543.3303

National Kidney Foundation of Southern California, Inc.
17100 Ventura Blvd.
Suite 222
Encino, CA 91316-4017
Phone: 818.783.8153 (local) or
800.747.5527 (toll-free)

National Kidney Foundation of the National Capital Area, Inc.
5335 Wisconsin Ave NW, Suite 300
Washington, DC 20015
Phone: 202.244.7900

National Kidney Foundation of Colorado, Montana, and Wyoming, Inc.
Cherry Creek Place III
3151 S. Vaughn Way, #505
Aurora, CO 80014
Phone: 720.748.9991

National Kidney Foundation of Connecticut, Inc.
2139 Silas Deane Highway
Rocky Hill, CT 06067
Phone: 860.257.3770 (local) or
800.441.1280 (toll-free)

National Kidney Foundation of the Delaware Valley, Inc.
The Philadelphia Bourse Building
111 South Independence Mall East,
Suite 411
Philadelphia, PA 19106
Phone: 215.923.8611 (local) or
800.697.7007 (toll-free)

National Kidney Foundation of Florida, Inc.
Palmetto Bldg., #119
1040 Woodcock Road
Orlando, FL 32803
Phone: 407.894.7325 (local) or
800.927.9659 (toll-free)

National Kidney Foundation of Georgia, Inc.
2951 Flowers Rd. South, #211
Atlanta, GA 30341
Phone: 770.452.1539 (local) or
800.633.2339 (toll-free)

National Kidney Foundation of Hawaii, Inc.
1314 South King St., #305
Honolulu, HI 96814
Phone: 808.593.1515

National Kidney Foundation of Illinois, Inc.
215 West Illinois St., #1C
Chicago, IL 60610
Phone: 312.321.1500

National Kidney Foundation of Indiana, Inc.
911 E. 86th St., #100
Indianapolis, IN 46240
Phone: 317.722.5640 (local) or
800.382.9971 (toll-free)

National Kidney Foundation of Iowa, Inc.
c/o Mercy Medical Center
701 Tenth St., SE, Suite 3614
Cedar Rapids, IA 52403
Phone: 319.369.4474 (local) or
800.369.3619 (toll-free)

National Kidney Foundation of Kansas and Western Missouri, Inc.
6405 Metcalf Ave. Ste. 204
Overland Park, KS 66202-4086
Phone: 913.262.1551 (local) or
800.444.8113 (toll-free)

National Kidney Foundation of Kentucky, Inc.
250 E. Liberty St., #710
Louisville, KY 40202
Phone: 502.585.5433 (local) or
800.737.5433 (toll-free)

National Kidney Foundation of Louisiana, Inc.
8200 Hampson, Suite 425
New Orleans, LA 70118
Phone: 504.861.4500 (local) or
800.462.3694 (toll-free)

National Kidney Foundation of Maine, Inc.
630 Congress Street
Portland, ME 04104
Phone: 207.772.7270 (local) or
800.639.7220 (toll-free)

National Kidney Foundation of Maryland, Inc.
1107 Kenilworth Dr., #202
Baltimore, MD 21204
Phone: 410.494.8545 (local) or
800.671.5369 (toll-free)

National Kidney Foundation of Massachusetts, Rhode Island, New Hampshire and Vermont, Inc.
85 Astor Avenue Ste. 2
Norwood, MA 02062
Phone: 781.278.0222 (local) or
800.542.4001 (toll-free)

National Kidney Foundation of Michigan, Inc.
1169 Oak Valley Dr.
Ann Arbor, MI 48108
Phone: 734.222.9800 (local) or
800.482.1455 (toll-free)

National Kidney Foundation of Mississippi, Inc.
3000 Old Canton Road, #100
Woodland Hills Building
Jackson, MS 39216
Phone: 601.981.3611

National Kidney Foundation of Eastern Missouri and Metro-East, Inc.
1423 Strassner Road
St. Louis, MO 63144
Phone: 314.961.2828 (local) or
800.489.9585 (toll-free)

National Kidney Foundation of Nebraska, Inc.
7101 Newport Ave, #301
Omaha, NE 68152
Phone: 402.572.3180 (local) or
800.642.1255 (toll-free)

National Kidney Foundation of Central New York, Inc.
731 James Street, #200
Syracuse, NY 13203
Phone: 315.476.0311 (local) or
877.8KIDNEY (toll-free)

National Kidney Foundation of Northeast New York, Inc.
99 Troy Rd., Suite 200
East Greenbush, NY 12061
Phone: 518.458.9697 (local) or
800.999.9697 (toll-free)

National Kidney Foundation of Upstate New York, Inc.
15 Prince Street
Rochester, NY 14607
Phone: 585.697.0874 (local) or
800.724.9421 (toll-free)

NKF AFFILIATES

National Kidney Foundation of Western New York, Inc.

110 Broadway St., Room 200
Buffalo, NY 14203-1630
Phone: 716.835.1323

National Kidney Foundation of North Carolina, Inc.

5950 Fairview Road, #550
Charlotte, NC 28210
Phone: 704.552.1351 (local) or
800.356.5362 (toll-free)

National Kidney Foundation of Ohio, Inc.

1373 Grandview Ave., #200
Columbus, OH 43212
Phone: 614.481.4030

National Kidney Foundation of South Carolina, Inc.

500 Taylor St. #101
Columbia, SC 29201
Phone: 803.799.3870 (local) or
888.848.5277 (toll-free)

National Kidney Foundation of East Tennessee, Inc.

4450 Walker Blvd., #2
Knoxville, TN 37917
Phone: 865.688.5481

National Kidney Foundation of Middle Tennessee, Inc.

2120 Crestmoor Road
Nashville, TN 37215
Phone: 615.383.3887

National Kidney Foundation of West Tennessee, Inc.

857 Mt. Moriah, #201
Memphis, TN 38117
Phone: 901.683.6185 (local) or
800.273.3869 (toll-free)

National Kidney Foundation of North Texas, Inc.

5429 IBJ Freeway, #250
Dallas, TX 75240
Phone: 214.351.2393 (local) or
877.543.6397 (toll-free)

National Kidney Foundation of South and Central Texas, Inc.

1919 Oakwell Farms Parkway
Suite 135
San Antonio, TX 78218
Phone: 210.829.1299 (local) or
888.829.1299 (toll-free)

National Kidney Foundation of Southeast Texas, Inc.

2400 Augusta Drive, #252
Houston, TX 77057
Phone: 713.952.5499 (local) or
800.961.5683 (toll-free)

National Kidney Foundation of West Texas, Inc.

4601 50th Street, #101
Lubbock, TX 79414
Phone: 806.799.7753

National Kidney Foundation of Utah and Idaho, Inc.

Edgemont Prof. Plaza
3707 N. Canyon Rd., 1-D
Provo, UT 84604
Phone: 801.226.5111

National Kidney Foundation of the Virginias, Inc.

2601 Willard Road, #103
Richmond, VA 23294
Phone: 804.288.8342 (local) or
888.543.6398 (toll-free)

National Kidney Foundation of Wisconsin, Inc.

16655 W. Bluemound Rd., #240
Brookfield, WI 53005-5935
Phone: 262.821.0705 (local) or
800.543.6393 (toll-free)

NKF Divisions

National Kidney Foundation serving the Dakotas and Minnesota

1660 Highway 100 South, #530
St. Louis Park, MN 55416
Phone: 952.544.7300

National Kidney Foundation serving Greater New York

30 E. 33rd Street
New York, NY 10016
Phone: 212.889.2210 (local) or
800.622.9010 (toll-free)

NKF Direct Service Areas

Arkansas

Phone: 800.522.9559

Nevada

Phone: 800.522.9559

New Mexico

Phone: 800.522.9559

Oklahoma

Phone: 800.522.9559

Oregon

Phone: 800.522.9559

Texas Coastal Bend

Phone: 800.522.9559

Washington

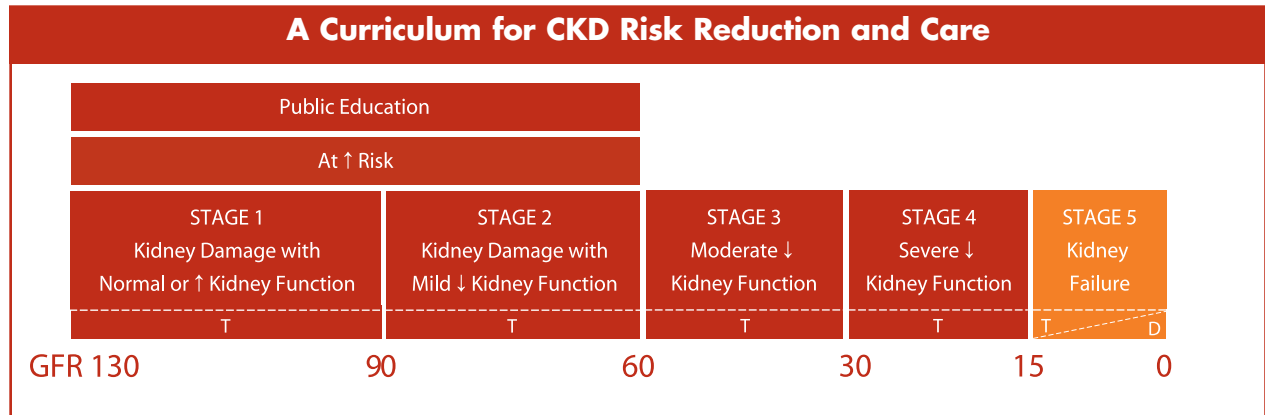
Phone: 800.522.9559

For information on the Direct Service Areas, please contact:

Peggy Waite, Direct Service Manager
National Kidney Foundation, Inc.
Affiliate Services Office
1150 Grand Ave., Suite 300
Kansas City, MO 64106
Phone: 800.522.9559 (toll-free)

More than 20 million Americans—one in nine adults—have chronic kidney disease, and most don't even know it. More than 20 million others are at increased risk. The National Kidney Foundation, a major voluntary health organization, seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation. Through its 47 affiliates nationwide, the foundation conducts programs in research, professional education, patient and community services, public education and organ donation. The work of the National Kidney Foundation is funded by public donations.

Kidney Learning Systems (KLS)[™]



Light-shaded boxes indicate the scope of content for this KLS resource.
 GFR = Glomerular Filtration Rate; T = Kidney Transplant; D = Dialysis

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