Emergency Kit Checklist

To help you prepare for an emergency, use the following suggested checklists.

☐ A **backpack** or easy-to-carry bag to store your **emergency supplies** and personal belongings.

Information

☐ **Up-to-date personal information** including a copy of your ID, list of your current medications and any allergies, copy of your insurance card, emergency contact details, your doctor's number, dialysis center information and the DaVita Guest Services phone number (**1-800-400-8331**).

☐ **Support team contact information** including phone numbers or emails for your family, friends and social worker. Fill out the Personal Information List below.

Supplies

☐ An extra **3-day supply of all medicine** (for kidney disease and any other conditions).

☐ At least **3 days' worth of food** from the 3-Day Emergency Diet on the next page.
- Canned food (preservative-free)
- 3 or more gallons of water for drinking, cooking and bathing
- Bagged ice in your freezer and a cooler in case you lose power

☐ Necessary **medical supplies and dialysis equipment**. If you receive treatments at home, make sure you have the supplies needed to continue treatment from home.

☐ A radio, flashlight and batteries so you can keep up with the news.

*Talk to your dietitian now if you have questions about your 3-Day Emergency Diet.

Other Preparations

☐ **Update your contact information with your dialysis center** if there have been recent changes.

☐ **Make an evacuation plan.** If there's an emergency or disaster in your area and you need to leave home, have a destination and evacuation plan, and share them with your loved ones. Learn more at **ready.gov/evacuating-yourself-and-your-family**.

☐ Make backup transportation plans. During an emergency event, public transportation or your normal mode of transport may be unavailable. **Make sure you have a backup plan**.

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Emergency Food and Water Supply



Create an Emergency Food and Water Supply in a container or bag that can be carried easily if you need to be evacuated or moved from your home. It should have enough water and food for each person for at least three days, paper and plastic ware, and a manual can and bottle opener. **Each patient's needs are unique; always consult your dietitian and physician to determine the emergency kidney diet that is most appropriate for you based on your specific condition**.

The 3-Day Emergency Diet*

- 4 small cans of evaporated milk or 3 containers of brick pack milk
- 1 to 3 gallons of distilled or bottled water
- Powdered drink mix (lemonade, grape drink)
- Small cans or brick packs of cranberry juice or lemon-lime soda
- Small boxes of single-serving cereal (no Raisin Bran®)
- 1 box of sugar, sugar packets or preferred sugar-free sweetener
- Canned pears, peaches, pineapple, mixed fruit and applesauce in 4-ounce single-serving containers
- 8 small cans or pouches of unsalted tuna, salmon, chicken or turkey
- 1 jar of peanut butter
- 1 small jar of jelly
- 1 small jar of honey
- 3 small jars of mayonnaise or 8-12 single-serving foil-wrapped packets
- 2 loaves of bread (consider storing in the freezer)
- 1 box of vanilla wafers, graham crackers or unsalted crackers
- 4 bags of hard candy
- 1 package of marshmallows

This is an example of a 3-day emergency diet. Speak with your dietitian and doctor to create your own.

If you have diabetes, you should limit your sugar intake and substitute lower-carbohydrate items where appropriate. However, you should have some candy available that is not sugar-free in case your blood sugar gets too low.

On the 3-day emergency diet, you will only be allowed 2 cups of fluid each day. This diet is stricter than a typical kidney diet; it has been designed to limit the amount of waste and fluid buildup in your body if you are unable to receive dialysis.

When a widespread emergency or disaster happens, begin your 3-day emergency diet right away.

*This diet is not a substitute for dialysis or your kidney diet; it is only intended to be followed for three days or fewer in an emergency situation.

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Personal Information List

My Important Information

Name: Phone number:

Email:

Being treated for:

Treatment Information

Dialysis center: Phone number:

Dialysis treatment details:

Current medications:

Allergies:

Additional medical information:

Dialysis center contact: Phone number:

Email:

Doctor: Phone number:

Email:

Primary Emergency Contact

Name: Phone number:

Email: Relationship:

Secondary Emergency Contact

Name: Phone number:

Email: Relationship:

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