

**National Kidney Emergency Coalition  
Hemodialysis Emergency Data Set**

<b>Patient Information</b>	
LAST NAME	Planned Evacuation City Contact
FIRST NAME	Local Address
Date Of Birth	Local Phone
SEX	Emergency contact
Home Address	Relationship
	Out of state emergency contact
Phone	
Phone2	Phone
SSN	Phone2
HIC- Medicare #	<b>Home Unit Information</b>
Date if First Dialysis	Unit Name
Primary Diagnosis	Phone
SecondaryDiagnosis	Fax
Allergies	Nephrologist
Insurance information	Corporate Affiliation
Medicare Card	Corporate phone
<b>Treatment Information</b>	<b>Attach</b>
Modality	Advance Directive
Dialyzer	Treatment record last 3 Treatments
Blood Flow	Most recent labs
Dialysate Flow	Medication Record
Treatment Type	<b>Intradialytic meds</b>
Times/Week	EPO (Y/N)
Prescribed Time	Units
Dialysate Prescription	Route
Dry Weight Lbs/Kg	X's per week
Heparinization Method	
<b>B/P Range</b>	Dose
Pre	X's per week
Interdialytic	Other
Post	
Usual BP support method	
<b>Vascular Access</b>	
Type	
Location	
<b>Diagnostic tests</b>	Signature
HBsAg Status & date	Title
HBsAB Status & date	Date
TB status & date	Phone

Date Produced