# National Kidney Emergency Coalition
## Hemodialysis Emergency Data Set

| Patient Information | |
|---|---|
| LNAME | Local Address |
| FNAME | |
| DOB | Local Phone |
| SEX | Emergency contact |
| Home Address | Relationship |
| | Out of state emergency contact |
| | |
| Phone | |
| Phone2 | Phone |
| SSN | Phone2 |
| HIC | **Home Unit Information** |
| DOFD | Unit Name |
| PrimDiag | Phone |
| SecondaryDiag | Fax |
| Allergies | Nephrologist |
| Insurance information | Corporate Affiliation |
| Medicare Card | Corporate phone |
| **Treatment Information** | **Attach** |
| Modality | Advance Directive |
| Dialyzer | Treatment record last 3 Treatments |
| Blood Flow | Most recent labs |
| Dialysate Flow | Medication Record |
| Treatment Type | **Intradialytic meds** |
| Times/Week | EPO (Y/N) |
| Prescribed Time | Units |
| Dialysate Prescription | Route |
| Dry Weight Lbs/Kg | X's per week |
| Heparinization Method | |
| **B/P Range** | Dose |
| Pre | X's per week |
| Interdialytic | Other |
| Post | |
| Usual BP support method | |
| **Vascular Access** | |
| Type | |
| Location | |
| **Diagnostic tests** | Signature |
| HBsAg Status & date | Title |
| HBsAB Status & date | Date |
| TB status & date | Phone |