Kidney Care in Emergencies: Community Considerations

What You Need to Know About Emergency Preparedness for Individuals on Dialysis or With a Kidney Transplant

More than half a million people in the U.S. are living with end stage renal disease (ESRD) and are on dialysis to stay alive. Another 200,000 or more are living with a kidney transplant. Chances are you know or have heard of someone who is living with the special demands of ESRD or kidney failure.

Kidney failure happens when the kidneys cannot function well enough to sustain life. It is fatal unless treated with dialysis or a kidney transplant. About 90% of patients on dialysis go to a dialysis center three times a week for treatment, while the rest dialyze at home. If patients can’t get their dialysis treatment, they may have to be hospitalized, or may even die.

Emergencies and disasters can severely limit the availability of the resources required for successful dialysis treatment at a dialysis center. These include:

- Electricity
- Potable (drinkable) water
- Dialysis supplies
- Qualified dialysis facility staff and other health professionals

FOR MORE INFORMATION on ESRD Networks, Kidney Community Emergency Response Program activities, and available tools and resources, visit

Also, many patients are dependent on public transportation or contracted medical transportation services in order to get to the dialysis facility. Emergencies and disasters may disrupt these services.

The following guidelines should be considered by professionals developing emergency management plans for patients in their communities in order to ensure that patients continue to receive life-saving treatments during emergency and disaster situations.

**DIALYSIS AND KIDNEY TRANSPLANT PATIENTS SHOULD...**

Put together an emergency supply kit that includes:

- Food, including supplies for the emergency renal diet
- Water
- A stockpile of medications, ideally five to seven days’ worth. Remember to use the stockpiled medications before they expire and to replace them with new medication.
- Important personal and medical information, placed in a waterproof container, such as a sealed plastic bag
- A list of information, including the dialysis facility’s official and complete name, the name of physician, and emergency contact information
- A list of medicine, allergies, and medical history, kept updated at all times
- A copy of the emergency renal diet

Create a personal evacuation plan and know when to evacuate early if necessary.

Talk to the healthcare team about the facility emergency care plan, including:

- How to contact facility staff in the event of an emergency or disaster
- Where back-up care can be obtained
- How to get copies of vital medical records
- Toll-free phone numbers for the facility
- Share out-of-state emergency contact information with the kidney care team
- Follow the dialysis care team’s advice regarding diet and fluid intake during a disaster

**DIALYSIS PROVIDERS SHOULD...**

- Identify a leader and a backup who can head the facility’s emergency preparation and response activities.
- Make a plan to secure and protect equipment, supplies, and records.
- Develop and maintain a list of emergency phone numbers for staff and patients.
- Be aware of the capabilities needed to provide back-up support to a damaged facility.
- Have an emergency plan for patients. For example, provide them with a copy of their last “run” sheet, a list of their medications, an emergency diet, and facility or corporate phone numbers in a waterproof container.
- In the event of a disaster, report the facility’s status to the ESRD Network: Whether the facility is “open” (e.g., able to provide dialysis in a safe environment) or “closed.” If a provider is unable to reach the ESRD Network, call 866-901-ESRD (3773) for information on who to call and what help is available.

**EMERGENCY MANAGEMENT SHOULD...**

**Planning & Logistics**

- Require provisions for individuals with kidney failure in emergency management plans and involve ESRD Networks and dialysis facilities in all planning efforts to prioritize utility and transportation recovery.
- Develop and maintain open relationships with local providers and ESRD Networks.
- To avoid a hospital surge, assist in locating or providing alternate sites for treatment if dialysis clinic operations are impacted by the disaster.
- Assist in the delivery of supplies to dialysis clinics
- Provide security assistance to protect dialysis facility staff, emergency generators, and fuel to run the dialysis equipment.

**Evacuation and Transportation**

- Encourage early evacuation of individuals with kidney failure if they are on dialysis, along with appropriate family members (where possible), to out-of-area family/friends, or appropriate shelters.
- Since dialysis services are needed on a frequent basis, triage, provide urgent care, and evacuate patients to a location where services can be provided on a routine basis in a safe environment.
- If safe, allow patients and staff with appropriate identification to cross roadblocks and travel during curfews to get to and from dialysis clinics.

**Evacuation Shelters**

- Recognize that individuals with failed kidneys have unique medical needs. They need to limit fluid intake and use caution in consuming foods high in salt and potassium (such as many prepackaged meals) during periods of limited access to dialysis.
- Understand that patients need to protect their vascular access sites
- Consider designating certain shelters as locations for dialysis patients to make transportation arrangements to dialysis treatment easier
- Triage at shelters
- Medication stockpile