The Renal Preparedness Project

2. Dialysis Emergency Card

THE RENAL PREPAREDNESS PROJECT *Dialysis Emergency Card — Carry This With You At All Times*

PATIENT INFORMATION

- Name: _____
- Date of Birth: _____
- Dialysis Type: □ Hemodialysis □ Peritoneal Dialysis
- Dialysis Schedule: ____ days/week on _____
- Last Treatment Date: _____
- Access Type: □ Fistula □ Graft □ Catheter — Location: _____

MY DIALYSIS CENTER

- Center Name: _____
- Address: _____
- Phone: _____

BACKUP DIALYSIS CENTER #1

- Name: _____ Phone: _____

BACKUP DIALYSIS CENTER #2

- Name: _____ Phone: _____

MY CARE TEAM

- Nephrologist: _____ Phone: _____
- Emergency Contact: _____ Phone: _____

⚠ IF I MISS DIALYSIS

- 1 missed session: Contact my dialysis center immediately
- 2 missed sessions: Go to the nearest emergency room
- 3+ missed sessions: Call 911
- **Known Allergies:** _____ **Blood Type:** _____