



Are **You** READY?

NxStage® Home Hemodialysis Patient

Planning Guidebook for Non-Medical Emergencies

Emergency Preparedness Overview

For kidney patients, emergency preparation is essential!

As a home dialysis patient, you need to be prepared for a possible emergency. Television or radio can give you advance warning about a major storm coming. But other emergencies can happen without warning. As a home dialysis patient, you need to have power, water, supplies and transportation. Without these, your life can be in danger.

Planning ahead is your best defense in an emergency situation. In an emergency, you need to act quickly to stay out of harm's way. This is easier to do when you have an emergency plan. Knowing who you should call, where you would go, how you would get there, and what to take with you if you have to evacuate are important details you should plan BEFORE an emergency strikes.

NxStage has created this guidebook to help you prepare for an emergency. It will help you and your care partner plan ahead for what to do if an emergency happens. Your home training staff will help you complete each step so that you will always be prepared.

It is important to keep this information up to date. Please let your nurse know if anything such as your phone number or your address changes, or if your emergency contact's information has changed. Your clinic will review this information with you every three months to keep it fresh in your mind.

It's as simple as ...A, B, C, D!

- A** Emergency Contact Information
- B** Evacuation Plan
- C** Medical & Identification Documents
- D** Emergency Reserves & Supplies

Now let's get started!



Here are the topics and activities you will cover in each of the sections:



A

Emergency Contact Information

- Record your **contact information**
- Plan how you will contact your dialysis clinic
- Identify your **out-of-area contact**
- Contact your **utility companies**
- Identify your **local emergency services**
- Identify sources of **emotional support**

B

Emergency Evacuation Plan

- Know which types of emergencies are likely to happen in your area
- Find out how you will receive warning about these emergencies
- Make an **evacuation plan** on how to leave your area if told to do so
 - Establish an **evacuation location** close to home
 - Make a map of your **evacuation route**
 - Review **transportation options**

C

Medical & Identification Documents Notebook

- Record your **medical device information**
- Record your current **NxStage therapy prescription**
- List any known **food and drug allergies**
- List your **current medications, dosage and instructions for taking**
- List your other **medical conditions** or important medical history besides kidney failure
- Record current **laboratory and treatment information**
- Prepare a copy of your **important personal information**
- Make a copy of the front and back of all health insurance cards**

D

Emergency Reserves & Supplies

- Prepare your **Emergency Supply Kit**
- Prepare your **Emergency NxStage Reserves**
- Prepare your **Emergency Food & Water Reserves**
- Review the **Emergency Diet Guidelines**
- Discuss what **Other Equipment and Supplies** you will need to have available for different kinds of emergencies
 - Review other equipment and supplies you will take in an orderly evacuation
 - Review other equipment and supplies you should consider having on hand at home
- Review the **Evacuation Checklist**

Emergency Contact Information

This contact information will help you and your kidney team reach the right people when necessary. Remember to keep your personal and emergency contact information up to date!

1) Record Your CONTACT INFORMATION.

Please complete the list as fully as possible so we have several ways to reach you.

Your Full Name _____

Date of Birth _____ Sex: ____male ____female

Your Full Home Address _____

Circle what type of home you live in: House / Apartment / Mobile home

If you live in an apartment or high-rise building, what floor do you live on? _____

Your Main Phone Number _____

Circle what type of phone number this is: Home / Work / Cell phone

Your Backup Phone Number _____

Circle what type of phone number this is: Home / Work / Cell phone

Your Main Email Address _____

Your Backup Email Address _____

Please provide an EMERGENCY CONTACT PERSON, in case we cannot reach you. This might be a family member, friend, or neighbor that would be able to contact you in case of an emergency.

Name _____ Relationship to You _____

Address _____

Home Phone Number () _____ Work Phone Number () _____

Cell Phone Number () _____

Primary Email Address _____

Backup Email Address _____

Please record your FAMILY CONTACT INFORMATION, if different from your emergency contact person.

Name _____ Relationship to you _____

Address _____

Home Phone Number () _____ Work phone number () _____

Primary Email Address _____

Backup Email Address _____

2) Plan how you will contact your DIALYSIS CLINIC.

Name of your dialysis clinic: _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone Number _____

Alternate Phone _____

Emergency 800 Number _____

Website _____ Email Address _____

Home Program Manager _____

Nephrologist's Name _____

Nephrologist's Phone _____

Primary Physician's Name _____

Primary Physician's Phone _____

If you cannot reach us, call our backup dialysis clinic. They will help you find a clinic where you can dialyze. Or, they may be able to help you get power and water to your home so you can dialyze there.

Name of a BACK-UP DIALYSIS CLINIC: _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone Number _____

Alternate Phone _____

Emergency 800 Number _____

Website _____ Email Address _____

Home Program Manager _____

Nephrologist's Name _____

Nephrologist's Phone _____

3) Choose an OUT-OF-AREA CONTACT.

You will tell this person where you are and how you are doing. This person will then let your family, friends, and care team know how and where you are. **Be sure to choose someone far enough away to not be involved in the same emergency situation.**

Out-of-Area Contact #1

Name _____ Relationship to You _____

Address _____

City/Town _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____

Email Address _____

(continued on next page)

Out-of-Area Contact #2

Name _____ Relationship to You _____

Address _____

City/Town _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____

Email Address _____

4) If you cannot reach us or our backup dialysis clinic, you can ask OTHER KIDNEY GROUPS for help.

Our **local ESRD Network** may be able to find a dialysis clinic close to you where you can dialyze.

Our ESRD Network is: _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone Number _____

Patient Toll-Free Number _____

Website _____

Email Address _____

(continued on next page)

Here are some other kidney groups that may be helpful to you.

To find dialysis facilities close to you:

- Kidney Community Emergency Response Coalition: www.kcercoalition.com (1-813-383-1530)
- Dialysis Facility Compare: www.medicare.gov/dialysis/
- Dialysis Finder: www.dialysisfinder.com (1-866-889-6019)
- Dialysis Units in the USA: www.dialysisunits.com

To find other helpful information:

- American Association of Kidney Patients (AAKP): www.aakp.org (1-800-749-2257)
- National Kidney Foundation/ Kidney Community Emergency Preparedness and Response. www.kidney.org/help - (1-888-335-4363) (1-888-33-Kidney)
- Red Cross (national): www.redcross.org (1-800-REDCROSS) (1-800-733-2767 or 1-800-257-7575 [Español])

5) Contact your UTILITY COMPANIES.

Each year, your home training staff will remind the utility companies that you are a home hemodialysis patient. The utility company will know that you need water and power for your dialysis treatments. You will be on a priority list when repairs are needed.

In an emergency situation, call your utility companies to report problems with the power or water supply to your home. Remind them that you are a home hemodialysis patient. Ask them when you can expect to have power and water at your home again.

Electric Company _____

Emergency Phone _____

Confirmation of being on priority restoration list? Yes No

If yes, when? _____

Did you receive a written notification? Yes No

Water Company _____

Emergency Phone _____

Confirmation of being on priority restoration list? Yes No If yes, when? _____

Did you receive a written notification? Yes No (continued on next page)

Gas Company _____

Emergency Phone _____

Confirmation of being on priority restoration list? Yes No

If yes, when? _____

Did you receive a written notification? Yes No

6) Identify your LOCAL EMERGENCY SERVICES.

Remember to dial “911” to reach the Emergency Management System for Fire, Police, and Ambulance. Be ready to tell them your name, address, and the problem you are experiencing.

Local Department of Health

Address _____

Phone _____

Website _____

Local Pharmacy _____

Address _____

Phone _____

Mail Order Pharmacy _____

Address _____

Phone _____

(continued on next page)



Local Hospital _____

Address _____

Phone _____

Health Insurance _____

Policy Number _____

Phone _____

Home/Renter's Insurance _____

Policy Number _____

Phone _____

Auto Insurance _____

Policy Number _____

Phone _____

Emergency Medical Services (EMS)

Address _____

Phone _____

Website _____

Local Red Cross

Address _____

Phone _____

Website _____

Police, Fire, Rescue

Address _____

Phone _____

Website _____

7) Identify your sources of EMOTIONAL SUPPORT.

Emergencies cause emotional stress, which can have a bad effect on your health. Talk to your care team about how to best take care of yourself in case of an emergency in your community.

Your Social Worker is: _____

Phone Number _____

Backup Phone Number _____

Religious or Community Associations: _____

Contact Person _____

Phone Number _____

Contact Person _____

Phone Number _____

Contact Person _____

Phone Number _____



What types of emergencies do you need to plan for in your area? Thunderstorms, ice storms, tornadoes, or hurricanes usually happen during certain times of the year. Other emergencies, such as floods and earthquakes, can happen any time, without warning.

1) Know which types of emergencies are more likely to happen in your community.

Emergencies that could happen in our community include:

- Chemical spills/leaks
- Dam failures
- Earthquakes
- Fire or wildfires
- Floods
- Hazardous material accidents
- Extreme heat or cold
- Hurricanes and tropical storms
- Landslides
- Nuclear power plant emergencies
- Power Outages
- Terrorism
- Thunderstorms
- Tornadoes
- Tsunami
- Volcano
- Winter storms



2) Find out how you will receive warning about these disasters.

If possible, notify your local Public Health Authority to request evacuation prior to adverse weather events.

Remember, you might be away from home when emergency strikes. Write down 2 or 3 ways that you will get emergency information.

I will receive warning from:

Listening to the radio or National Weather Service radio station

AM radio stations _____

FM radio stations _____

Emergency Broadcasting station _____

Watching television

Local TV stations _____

Someone calling me

Who will call you? _____

Someone knocking on my door

Who will knock on your door? _____

Local Public Health Authority

Who will contact you? _____

3) Make an evacuation PLAN plan for how to leave your area if told to do so.

Always evacuate if you are told to do so! Where will you go? How will you get there? Who will help you evacuate? Make a back-up plan. Review this plan periodically with your home training staff, family, and friends.

If you must go to a local shelter, your Department of Health can direct you to the “Special Needs Shelter” for your area. Remember, special needs shelters and pet shelters require annual pre-registration.

Remember, some emergencies will delay or make it impossible to deliver dialysis supplies to you. If so, consider evacuating to a safe place where you can easily receive your dialysis supplies.

A. Decide on an EVACUATION LOCATION close to home. An EVACUATION LOCATION is a place where you will go before, during and after a disaster and meet your family members if you cannot get to your home. Choose another DISTANT EVACUATION LOCATION farther away from home. You will use this distant evacuation location if you can't return to your neighborhood.

(continued on next page)

What is your EVACUATION LOCATION in the local area?

Is the evacuation location your reunion location? If not, what is your reunion location?

What is your DISTANT EVACUATION LOCATION?

Who will help you evacuate?

Who is your backup helper if that person is not available?

B. Make a map of your EVACUATION ROUTE.

Ask your dialysis clinic or your local emergency management agency if you are in an evacuation area. Make a map of how to leave your neighborhood and your town. Map out a second route in case the first route is not available. Keep your maps with this section.

What is your EVACUATION ROUTE?

What is your BACKUP EVACUATION ROUTE?



C. Review your TRANSPORTATION OPTIONS.

If you use public transportation, find out how that service operates in an emergency. It may not be available during an emergency. Also, if you use public transportation, you may not be able to take your equipment or supplies with you in an emergency.

You may be able to receive evacuation and transportation help during an emergency. Ask your dialysis clinic or local emergency management agency if it is available. Some counties/parishes ask that you pre-register for this type of assistance.

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What means of public transportation do you use (if applicable)?

Name/Type of Transportation _____

Phone Number _____

Have you contacted them to discuss emergency backup plans? Yes No

If yes, when? _____

Name/Type of Transportation _____

Phone Number _____

Have you contacted them to discuss emergency backup plans? Yes No

If yes, when? _____

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What are your public transportation plans/options in the case of emergency?

Use this Guidebook to keep an up-to-date list of your medications and NxStage dialysis prescription. Also, keep copies of your medical and identification documents with the Guidebook. This will help get your treatment information to your partner or emergency care provider quickly if needed. NOTE: You can also keep this information online at AAKP's "My Health" Website (see p. 20 for details).

1. Record your medical device information:

NxStage Cyclor serial number: _____

Fluid Warmer serial number: _____

Device and medical supply manufacturer: NxStage Medical, Inc.
24 hour Customer Service phone 1-866-697-8243

For specific instructions related to power outages, refer to the NxStage System One User's Guide, Chapter 5 Caution 40 and Alarm 41.

Remember when using your NxStage System One (Cyclor and Ancillary equipment):

- Use of the Cyclor requires a properly grounded 100-120/240-240 VAC, 50/60 Hz electrical outlet.
- If you are planning to use a generator to power your home during a power outage, contact a qualified electrician to determine your generator requirements. Do not connect the NxStage System One™ directly to a generator.
- Any power source used with the Cyclor must meet UL2601-1 or UL60601-1 Medical Standards.
- Use only the power cords supplied by NxStage.
- Do not connect portable multiple sockets or extension cords to the NxStage System One Cyclor.
- Do not use a power surge protector.
- Do not use your device if you find signs of damage or contamination.
- Disinfect your machine per the NxStage System One User's Guide.
- Run all checks and self-tests. If your dialysis machine passes all tests, it is safe for use. If your machine does not pass one or more self-tests, you should not use it because it may be unsafe or not working properly.
- Refer to the NxStage System One User's Guide for all other warnings, precautions and instructions for use and maintenance.

(continued on next page)

Remember when using your supplies, maintain a clean environment, discard and do not use any supplies that have the packaging torn or damaged, are wet or dry and shouldn't be, are very hot or cold and shouldn't be, or if there are loose or missing pieces.

Contact NxStage Customer Service and Technical Support for equipment and supply issues.

2) Record your current NXSTAGE THERAPY PRESCRIPTION:

- a. Dialysis days per week _____
- b. Dialysate volume _____ liters
- c. Dialysate lactate _____ mEq/liter
- d. Dialysate potassium _____ mEq/liter
- e. Flow fraction _____ %
- f. Blood flow rate _____ ml/min
- g. Heparin _____ units at start of treatment
- h. Maximum ultrafiltration rate _____ liters/hour
- i. Needle size _____ Buttonhole Yes No

If you must dialyze in a transient unit, be sure to bring your buttonhole needles. Not all dialysis centers have them available or have staff who know the buttonhole technique.

3) Record any known FOOD AND DRUG ALLERGIES:

Allergy	Past Reactions/Treatment

4) Record your **CURRENT MEDICATIONS**.

You can also keep your prescription bottles, even if they are empty. That way you can easily show a new pharmacy what medicines you are taking. If you get your prescriptions through the mail, remember that emergencies can disrupt mail delivery. Ask your pharmacist how you can keep an extra 7-10 day supply of your medications in case of an emergency. You may have to ask your doctor to advocate with your insurance company if there are limits on the number of days of medications you can buy at one time.

Medication	Form of Delivery (pill, capsule, liquid, IV bolus, subcuta- neous injection)	Dosage (gm, mg, or units)	Frequency (doses per day)

5) Record your other MEDICAL CONDITIONS or important MEDICAL HISTORY besides kidney failure:

6) Include current LABORATORY AND TREATMENT INFORMATION.

Put a copy of your monthly labs with this Guidebook. You only need to have one or two months of labs, and, if possible, 2 or 3 current treatment records.

7) Keep copies of your IMPORTANT PERSONAL INFORMATION together with this guidebook.

- Driver's license
- Social Security card*
- Health insurance card/s
- Bank account information*
- Credit card information*
- Home/apartment deed/insurance
- Will/advance directive
- Power of attorney (personal and medical)

* Keep these in a safe place to avoid identify theft

NOTE: At AAKP's "My Health" (www.aakp.org/my-health/) you can track doctor visits, names of your doctors and nurses, medications, lab tests, and more. It is FREE to sign up for this online service. You can also attach this packet electronically to your account at AAKP. This information will then be stored on this website, and you can access it electronically from any location that has internet access.

8. Fill in the blanks on the Patient Identification Card at the end of this Guidebook and carry this identification card with you in your wallet or purse at all times. This card provides immediate basic information to first responders and to the receiving dialysis treatment facility if your "Are You Ready packet" information is not available. If using this form electronically, if possible, print the ID card in color. Lavender has been chosen as a specific color to identify dialysis patients. (Patient Identification Card can be found on pages 27 and 28)

Emergency Reserves & Supplies

To be prepared for an emergency, keep a 7-day back-up of dialysis supplies, medications, food, and drinking water. You may also want to keep a second emergency kit and extra food supplies in your car.

- 1) **Prepare your EMERGENCY SUPPLY KIT.** Your kit should contain at least a 7-day supply of treatment medications, dialysis needles, and ancillary supplies. NOTE: Check the dates on the items in your Emergency Kit to make sure they have not expired.

Your EMERGENCY SUPPLY KIT should include:

- Vascular access supplies (i.e., needles, tape, syringes, disinfectant, gloves, Band-Aids®, heparin, etc.)
- Two (2) 1-liter saline bags
- Saline administration tubing
- Treatment-related medications (i.e., heparin and erythropoietin)
- A portable cooler may be required to store refrigerated medications
- A clean bath towel
- A first aid kit
- Hand sanitizer
- Scissors
- A working flashlight with several extra batteries
- A radio with extra batteries
- NxStage System One and Fluid Warmer User Guides
- Supplies for cleaning and disinfecting equipment

- 2) **Prepare your EMERGENCY NXSTAGE RESERVES.** Always keep on hand a 7-day supply of NxStage dialysis supplies. If you use PureFlow™ SL to prepare your dialysate, make sure you keep 7 days of prepackaged dialysate bags on hand in case you cannot use the water at your home. NOTE: Check the dates on the items in your Emergency NxStage Reserves to make sure they have not expired. Store supplies in a clean, dry environment between 15-30°C (59-86°F). Replace supplies if the packaging is torn or damaged, they are wet or dry and shouldn't be, they are very hot or cold and shouldn't be or if there are loose or missing pieces.

Your EMERGENCY NXSTAGE RESERVES should include a 7-day supply of:

- Prepackage Dialysate bags
- Cartridges
- 1-liter saline bags



- 3) **Prepare your EMERGENCY FOOD & WATER RESERVES.** Store enough food and water for at least seven days. Store 7 gallons of water for each person. This is the amount needed for drinking and sanitation for 7 days.

Keep food supplies in containers that are air-tight and insect-proof. Freshen and replace your emergency food supply throughout the year. Check and resupply or rotate supplies every 6 months. Don't forget a can opener to open the cans that don't have pop tops.

- 4) **Review the EMERGENCY DIET GUIDELINES with your Dietician.**

General Considerations:

- **Reduce the protein** to _____ (fraction) of what you normally eat.
- **Reduce the fluids** to _____ (fraction) of what you usually drink. Even limit foods high in water such as cooked cereal, fruits, vegetables, gelatin, ice cream, sherbet, ice.
- **Plan to have only salt-free foods.**
- **Reduce or eliminate high-potassium foods.** Some of these are milk (all kinds), beans (all kinds), nuts (all kinds), bananas, tomatoes, potatoes (chips, french fries, baked potatoes, yams), oranges, all dried fruits (raisins, apricots, prunes), orange juice, spinach, avocado and salt substitute.
- **If you have diabetes, plan for ways to treat low or high blood sugar.**
- **No electricity?** Food in the refrigerator will stay fresh for a few days. Open the refrigerator as little as possible to keep foods cold, and eat refrigerator food before consuming food in your pantry.



Emergency Supply Food Ideas	
Protein ___ oz/ ___ svgs/day tuna, chicken, boneless salmon (canned, drained, salt-free)	Vegetables ___ oz/ ___ svgs/day carrots, green beans, green peas (canned, drained, salt-free)
Fruit ___ oz/ ___ svgs/day pears, plums, peaches, fruit cocktail, pineapple, applesauce (canned, drained)	Breads & Starch ___ oz/ ___ svgs/day white rice, noodles, macaroni white breads & rolls, cooked cereals, crackers (salt-free), graham crackers, wafer cookies
Drinks ___ oz/ ___ svgs/day water, Kool-Aid®, cranberry juice, root beer, lemon/lime soda	Sweets ___ oz/ ___ svgs/day (good for calories if you are not diabetic) sugar, gum drops, hard candies, jam, jelly, syrup, honey, cranberry sauce, marshmallows, Skittles®, Starburst®, Life Savers®
Fats (good for calories)	Other

5) **Discuss what OTHER EQUIPMENT AND SUPPLIES you will take with you for different kinds of emergencies.** Decide what equipment and supplies you will take during an orderly evacuation. Orderly evacuations happen when you have enough advance warning about the emergency situation, as with hurricanes and blizzards. Other emergencies, such as tornadoes, chemical spills, or floods, leave no time to do anything but grab your EMERGENCY SUPPLY KIT and protect yourself or leave. Talk about different emergency situations with your clinic team. Be sure you understand when to take your equipment and supplies – and when to leave with your documents only.

OTHER EQUIPMENT AND SUPPLIES you will take in an orderly (planned) evacuation:

- Clothing and shoes
- Blankets, pillows, and items to make you feel comfortable
- Extra cash
- Tools or emergency gear for your car

NOTES _____

NOTES _____

OTHER EQUIPMENT AND SUPPLIES you should consider having on hand at home:

- Battery-operated or hand-crank radio
- NOAA Weather Radio with tone alert
- Extra batteries for both radios
- Whistle
- Plastic sheeting, duct tape, and filter mask or cloth t-shirt
(for shelter-in conditions such as debris in the air)
- Moist towelettes and garbage bag and ties (personal sanitation)
- Wrench or pliers (to turn off utilities)
- Extra cash
- Items for your family's needs (diapers, pet food, hearing aid batteries, etc.)



6) Review this EVACUATION CHECKLIST.

If you are in a **SUDDEN EVACUATION SITUATION**, you, your family member, a friend or a neighbor should take:

1. This Guidebook together with your important Medical and Identification Documents (see p. 20)
2. Your medications
3. Emergency food and water
4. Your Emergency Supply Kit.
 - Evacuate NOW.
 - Start your emergency diet in case your treatments are delayed.
 - As soon as possible, find a place to dialyze (see section A for locations and resources to help you).

If you have time for an **ORDERLY EVACUATION** and you have transportation, do everything listed above **AND ALSO** take:

1. Your NxStage System One cyclor, IV pole, and fluid warmer
2. Your Emergency Supply Kit (p. 21)
3. Your 7-day Emergency NxStage Treatment Reserves supply (p. 21)
4. Your Emergency Food and Water Reserves (p. 22)
5. Your wallet, cell phone and charger, extra cash, keys, clothes, and any other personal items you may need (p. 23)
6. As soon as possible, contact your NxStage Customer Service Representative at 1-866-NxSTAGE (1-866-697-8243) and let them know where to deliver your emergency supplies.



Congratulations!

By completing this Planning Guidebook for Non-Medical Emergencies, you have taken steps to protect yourself in an emergency. It is our sincere hope that you never have to use it! Please review and update this Guidebook often. Inform your kidney team of any changes. Keep this Guidebook and associated documents handy so you can grab it during a sudden evacuation. You may want to keep a copy in your car, or with you, in case you are not at home when an emergency occurs.

This Guidebook was developed by NxStage Medical, Inc., with technical expertise from KCER (Kidney Community Emergency Response Coalition) and in partnership with your local dialysis clinic. It also incorporates the regulations from the a “Home Use Devices: How to Prepare for and Handle Power Outages for Medical Devices that Require Electricity” from the Food and Drug Administration’s (FDA) Center for Devices and Radiological Health.

For more information on KCER’s ESRD Networks, Coalition activities, and available tools and resources, visit www.KCERCoalition.com. In the event of an emergency in your area, you can call the National Kidney Foundation Hotline at 1-888-335-4363 for information on obtaining assistance or services.

DISCLAIMER: We are making this Guidebook available to you as a NxStage user to help you plan for area emergencies. This Guidebook is based on general advice for people on dialysis. We have included more specific advice for NxStage users as needed. All dialysis patients should plan for emergencies with their family and dialysis clinic team.

NxStage is committed to using its customer support staff to answer questions and provide supplies as quickly as possible to NxStage users in emergencies. However, NxStage is not responsible for what a patient does in an emergency. NxStage is also not liable for a patient’s injury or death in an emergency.

Patient Identification Card



I am a dialysis Patient
Vital Information

Full Name: _____

Network: _____

Toll-Free #: _____

KIDNEY COMMUNITY EMERGENCY
RESPONSE (KCER) COALITION

www.kcercoalition.com

Personal Information

Address: _____

Phone: () _____

Cell Phone: () _____

Emergency Contact: _____

Relation: _____

Emergency Phone: () _____

Nephrologist: _____

Nephrologist Phone: () _____



Medications

Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pharmacy & Phone: _____

Special Needs: _____

Diagnosis: _____

Allergies: _____

Dialysis Prescription

_____ Hours _____ X/Week

_____ Cartridge/Dialyzer

_____ Dialysate

Other Insurance: _____

Medicare #: _____

Medicaid #: _____

Dialysis Unit

Provider Name: _____

Phone: () _____



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www.nxstage.com