

Considerations for Triage: Dialysis Patients in Evacuation Shelters



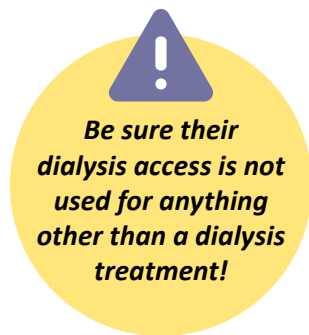
During an emergency, dialysis patients may arrive at local evacuation shelters. While completing the triage process, shelter staff should ask evacuees if they are dialysis patients, and a thorough record should be kept of all dialysis patients housed in the shelter.

Consider grouping dialysis patients together in a single area of the shelter or using a unique bracelet to identify all dialysis patients.

During the triage process, ask patients how many days it has been since their last dialysis treatment.

- Ask patients if they have been in contact with their dialysis facility.**
 - If they have not, please contact their facility as soon as possible. Facilities are required to account for all patients following an emergency or disaster
- Observe patients for obvious signs of distress.**
 - Elevated respirations
 - Unsteady gait
 - Decreased state of awareness
 - Any noted edema
- Record patients' vital signs.**
 - Blood pressure (Do not use dialysis access arm.)
 - Pulse
 - Temperature
- Auscultate patients' lung sounds.**
 - Is there good air exchange?
 - Do the lungs sound "wet" or "diminished"?
If so, this may be a sign of fluid overload.
- Auscultate patients' heart sounds.**
 - Is the heart rhythm normal or irregular?
Irregular heart rhythm may be the result of elevated serum potassium.

- Weigh the patients.**
 - Compare current weight with last recorded post-treatment weight. If the last recorded weight is not available, ask patients if they know their "dry weight."
 - If patients have significant weight gain, ask:
 - How much weight they normally gain between treatments.
 - Have they have been following their emergency dialysis diet.
 - Are any patients short of breath? Are there obvious signs of edema in their faces, abdomens, or ankles?
- Assess the condition of patients' dialysis access for signs of infection.**
 - Are patients' skin intact at and around their dialysis access?
 - Are there any signs of redness, swelling, or drainage?
 - Does the skin feel warm to the touch?
If signs of infection are present, report symptoms for possible initiation of antibiotic treatment.
- Assess patients' access to their prescribed medications.**



If a peritoneal dialysis (PD) patient arrives to the shelter:

- Assess the availability of his/her PD supplies and equipment.**
 - If all supplies and equipment are available, the patient can perform his/her own PD treatment in a private room that is clean, dry, and well lit.
 - If supplies are not available, contact the patient's dialysis facility/organization, [End Stage Renal Disease \(ESRD\) Network](#), or the [Kidney Community Emergency Response \(KCER\) Program](#).
- Assess the patient's access to his/her prescribed medications.**

Patients should have been instructed by their providers to start the 3-day Emergency Diet Plan* as soon as an emergency is predicted or occurs. The diet does not take the place of dialysis treatment but can reduce the amount of waste and fluid that builds up in the patient’s body between treatments.

- The emergency diet limits protein, potassium, salt, and fluid intake more strictly than the regular renal diet.
- Patients have been instructed to decrease their normal fluid intake in half but preferably not drink more than what is required to swallow their medications.
 - Fluids are anything that is liquid at room temperature.
 - All fruits and vegetables contain water.

**A copy of the 3-Day Emergency Diet Plan is included with this document.*

Shelter staff should contact the ESF-8 personnel in the local emergency operations center (EOC) to ensure proper coordination of dialysis treatment and transportation for dialysis patients in the shelter.

- If the patient requires access to treatment, contact his/her provider’s Patient Assistance Hotline, if applicable.
- The ESRD Networks can also assist patients and shelter staff with accessing a treatment location. Contact your local ESRD Network Patient Services staff.
- The KCER Program can provide additional technical assistance and resources to shelter staff and patients.

Patient Assistance Hotlines

**ARA: 888.880.6867 DaVita: 800.400.8331 DCI: 866.424.1990 Fresenius: 800.626.1297 Satellite: 800.367.8292
US Renal Care: 866.671.8772 Veteran Disaster Relief Hotline: 800.507.4571**

ESRD Network Toll-Free Patient Lines

Network 1	CT, ME, MA, NH, RI, VT	866.286.3773	Network 10	IL	800.456.6919
Network 2	NY	800.238.3773	Network 11	MI, MN, ND, SD, WI	800.973.3773
Network 3	NJ, PR, USVI	888.877.8400	Network 12	IA, KS, MO, NE	800.444.9965
Network 4	DE, PA	800.548.9205	Network 13	AK, LA, OK	800.472.8664
Network 5	DC, MD, VA, WV	866.651.6267	Network 14	TX	877.886.4435
Network 6	GA, NC, SC	800.524.7139	Network 15	AZ, CO, NV, NM, UT, WY	800.783.8818
Network 7	FL	800.826.3773	Network 16	AK, ID, MT, OR, WA	800.262.1514
Network 8	AL, MS, TN	877.936.9620	Network 17	AS, GU, HI, MP, Northern CA	800.232.3773
Network 9	IN, KY, OH	844.819.3010	Network 18	Southern CA	800.637.4767

Kidney Community Emergency Response Program (KCER)

Hotline: 866.901.3773 | KCERinfo@hsag.com | www.KCERcoalition.com



**Kidney Community
Emergency Response**

This material was prepared by the Kidney Community Emergency Response (KCER) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. CMS Contract #: HHSM-500-2006-00007C Pub. No.: FL-KCER-7K5T3B-05102021-01