National Kidney Emergency Coalition Hemodialysis Emergency Data Set

Patient Information	Planned evacuation by city contact
Last Name First Name	name local phone
Date of Birth Sex Female Male	Local Address City ST
Home Address City ST	Emergency contact Relationship
Phone1 Phone2	Phone Phone2
HIC- Medicare # SSN	Out of state emergency contact
Date First Dialysis Allergies	Home Unit Information
Primary Diagnosis Medicare Card	Unit Corporate Affiliation
SecondaryDiagnosis Insurance info	Provider No. Corporate Phone
Treatment Information	Phone2 Fax
Modality Dialyzer Times/Week	Nephrologist Phone
Blood Flow Dialysate Flow Prescribed Time (hrs)	Attach
Dry Weight Lbs/Kg Dialysate Prescription	Advanced Directive Last 3 Treatment Records Most recent labs Medications
Treatment Type Heparinization Method	Intradialytic meds
B/P Range	ESA Route Dose times per week
Pre Interdialytic Post	VitDanalog Route Dose times per week
Usual BP support method	Doro Doro
Vascular Access	Iron Route Dose times per week
Type Location	Other
Diagnostic tests	
HBsAg & date HBsAB date TB status & date	Signature Title
Date Date	Date Phone