

**National Kidney Emergency Coalition
Peritoneal Dialysis Emergency Data Set**

Patient Information	
LAST NAME	Planned Evacuation City Contact
FIRST NAME	
Date Of Birth	Phone
SEX	Emergency contact
Home Address	Relationship
	Out of state emergency contact
Phone	
Phone2	Phone
SSN	Phone2
HIC- Medicare #	Home Unit Information
Date of First Dialysis	Unit Name
Primary Diagnosis	Phone
Secondary Diagnosis	Fax
Allergies	Nephrologist
Insurance information	Corporate Affiliation
Medicare Card	Corporate phone
Treatment Information	Attach
CAPD	Advance Directive
Exchange Volume	Treatment record last 3 Treatments
Dialysate	Most recent labs
Exchanges/Day	Medication Record
CCPD	Copy of supply order
# Cycles	
Night Volume	
Dialysate	
Day Volume	Meds
Dialysate	EPO (Y/N)
Total Volume	Units
Fill Time	Route
Dwell Time	X's per week
Drain Time	
Dry Weight Lbs/Kg	B/P Range
Type of system or cyclor	Pre
Connecting System	Interdialytic
Catheter Type	Post
Diagnostic tests	Signature
HBsAg Status & date	Title
HBsAB Status & date	Date
TB status & date	Phone

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