Emergency Preparedness

Medical Condition and History

NOTE: A copy of this sheet should be with you at all times.
If you need to go to another hospital or clinic in the event of a disaster, or if your records are unavailable or destroyed, this information will help any temporary care givers in understanding your special needs.
You should update this annually and when treatment changes.

Date Completed:	
Primary Reason for Kidney Disease:	
Other Medical Conditions:	
Blood Type (if known):	

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Date Completed:	
Primary Reason for Kidney Disease:	
Other Medical Conditions:	
Blood Type (if known):	

CS-PIER-0228
Area: Provincial
JANUARY 2025

Current Medication List and Allergies

- List prescription and non-prescription medicines including vitamins, herbals and natural health supplements you are currently taking. **You should update this list annually and any time when prescription changes.**

Date Completed:	
Allergies:	
Current Medications:	

Current Medication List and Allergies

- List prescription and non-prescription medicines including vitamins, herbals and natural health supplements you are currently taking. **You should update this list annually and any time when prescription changes.**

Date Completed:	
Allergies:	
Current Medications:	

Saskatchewan Health Authority
saskhealthauthority.ca
CS-PIER-0228
Area: Provincial
JANUARY 2025

Emergency Preparedness

Patient Contact Information

I am a kidney/dialysis patient: (Please check box)

☐ Kidney Health (not on dialysis) ☐ Home Hemodialysis ☐ Home Peritoneal Dialysis

☐ Hemodialysis: ☐ In-Centre ☐ Satellite ☐ Both Peritoneal Dialysis & Home Hemodialysis (Hybrid)

Name:			
Health Card Number:		**Date of Birth:**	
Address:			
Phone Number:		**Email:**	
Emergency Contact Name 1:			
Phone Number:		**Email:**	
Emergency Contact Name 2:			
Phone Number:		**Email:**	

CS-PIER-0228
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Health Card Number:		**Date of Birth:**	
Address:			
Phone Number:		**Email:**	
Emergency Contact Name 1:			
Phone Number:		**Email:**	
Emergency Contact Name 2:			
Phone Number:		**Email:**	

CS-PIER-0228
Area: Provincial
JANUARY 2025

Dialysis-Specific Information For PD Patients	
Date Completed:	
Name of Dialysis Center:	
Address:	
Phone:	
Family Physician's Name:	
Nephrologist Name:	
Other Important Information and Phone Numbers:	

Hybrid Peritoneal & Hemodialysis Prescription

Contact PD Clinic/Nephrologist for PD Prescription to reflect current therapy changes.

Type of PD: ☐ Manual/Twin Bag ☐ Cycler ☐ Hybrid PD & HD

Hybrid PD & HD	☐ Dialysis Catheter	Lumen length: ___________ Locking solution: ___________	
Type of Access:	☐ Fistula ☐ Graft	☐ Left ☐ Right	☐ Upper Arm ☐ Lower Arm ☐ Leg

Dialyzer: Dialysis Flow Rate ____mL/min

Dialysate: Calcium __________ Potassium _____________
Sodium __________ Bicarbonate ___________

Dialysis Schedule: _________ hours _______ times/week

Dry Weight: ______________ Blood Flow Rate: _____mL/min

Anticoagulation: ☐ ________________ units ONCE per HD
☐ None

Dialysis-Specific Information For PD Patients	
Date Completed:	
Name of Dialysis Center:	
Address:	
Phone:	
Family Physician's Name:	
Nephrologist Name:	
Other Important Information and Phone Numbers:	

Hemodialysis/Home Hemodialysis Prescription

Type of Access:	☐ Dialysis Catheter	Lumen length: ___________ Locking solution: ___________	
	☐ Fistula ☐ Graft	☐ Left ☐ Right	☐ Upper Arm ☐ Lower Arm ☐ Leg

Dialyzer: Dialysis Flow Rate ____mL/min

Dialysate: Calcium __________ Potassium _____________
Sodium __________ Bicarbonate ___________

Dialysis Schedule: _________ hours _______ times/week

Dry Weight: ______________ Blood Flow Rate: _____mL/min

Anticoagulation: ☐ ________________ units ONCE per HD
☐ None