



Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name <i>(last first)</i>
Birthdate <i>(yyyy-Mon-dd)</i>
Gender
PHN

My Crisis Action Plan

What is a crisis action plan?

A crisis action plan is used to plan for and be prepared for a decline in your kidney function. This plan will help you: know who to call (**SUPPORT**), which medication to take (**SYMPTOM**) and what to do in an **EMERGENCY**, as your kidney function worsens.

SUPPORT	SYMPTOMS	EMERGENCY
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SUPPORT:

My Family Physician: _____ Phone Number: _____
 Fax Number: _____ (required when you do not have a Home Care Case Manager)
 My Home Care Case Manager: _____ Phone Number: _____
 My Chronic Kidney Disease Clinic: _____ Phone Number: _____
 My Pharmacy: _____ Phone Number: _____

If you are living at home and require daily assistance (with showering/dressing/toileting/medication), we strongly encourage you to have **homecare** involved. The home care relationship will be very important if you start to have trouble at home and need care quickly. This could include helping you go somewhere else to live, such as a long-term care facility or hospice, if you can no longer manage at home. You can refer yourself or your loved one to homecare – you can learn more at www.ckmcare.com under “Resources”.

It is also important that you have engaged in **advance care planning**, and that you have a personal directive and a signed Goals of Care designation form in your **Green Sleeve** at home. For further information, please speak to a clinic nurse.

SYMPTOMS:

What can I expect?

When your kidney function gets very poor, there are some common symptoms that you might experience. These could include **nausea/vomiting, itchiness, sleep difficulties, restless legs, and trouble breathing**. You might have **pain** from other conditions as well. Your care provider can give you more information on each of these symptoms and can help you manage them. You might start to experience other symptoms that we are not able to reverse. These include loss of appetite, muscle twitching, drowsiness, tiredness, and confusion. Some of these symptoms may be more distressing than others.

How can I be prepared?

In addition to caring for your symptoms using things such as: heat packs, music therapy, relaxation techniques etc., you can take **prescribed medication** to help you relieve your distressing symptoms. You and your health care provider should discuss which kind, how much and how often you should take your medication, to address each symptom.



My Crisis Action Plan

Use this table to organize your medications for when you are experiencing:

Pain Medication: _____

Regular Dose:

Breakthrough Dose:

Shortness of Breath Medication: _____

Regular Dose:

Breakthrough Dose:

Nausea/Vomiting Medication: _____

Regular Dose:

Breakthrough Dose:

Restlessness/Confusion Medication: _____

Regular Dose:

Breakthrough Dose:

Any Other Symptom(s) (I.e. Hyperkalemia) _____ **Medication:** _____

Regular Dose:

Breakthrough Dose:

- ❖ Keep a record of what you take, when you took it, and what your response to the medicine was.
- ❖ See or talk to one of your health care providers (as noted under **SUPPORT**) on a **regular basis**.

EMERGENCY:

If a symptom is getting worse quickly or is very bad, **call your family physician, home care case manager or Chronic Kidney Disease Clinic**. Try to call your family physician or home care case manager first. They might be able to give you guidance about your medicine and how to address your emergency..

If needed, the above people can access **Emergency Medical Service Palliative & End of Life Care Assess, Treat and Refer on your behalf**. While working collaboratively with your care team, EMS professionals will attempt to treat your palliative symptoms (such as shortness of breath or pain) in your home.

Depending on the situation, EMS personnel may need to transport you to the hospital for further testing or treatment. Make sure to take your green sleeve with you to the hospital.

If you are unable to reach your family physician, home care case manager or Chronic Kidney Disease Clinic, and your symptoms are severe, phone 911.

- Tell the EMS personnel **in your home** that:
 - You have end stage kidney disease
 - You have **CHOSEN Conservative Kidney Management** – you have chosen **not to have dialysis** of any kind.
 - You are receiving **palliative care**.
- Have your green sleeve ready to give to EMS, including your **crisis action plan** and the **Health Care Provider (HCP) Crisis Action Plan**.