

Patient label placed here (if applicabl	le) or if labels are not used
minimum information bel	ow is required.

Name (last first)
Birthdate (yyyy-Mon-dd)
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
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 Clini	c:	Phone Number:
My Pharmacy:		Phone Number:
we strongly encourage you to h important if you start to have tr	ave <b>homecare</b> involved. The horouble at home and need care que as a long-term care facility or how your loved one to homecare – you have a loved one to home	nickly. This could include helping you ospice, if you can no longer manage at
	Care designation form in your <b>G</b>	<b>nning</b> , and that you have a personal reen <b>Sleeve</b> at home. For further

### **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**

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) (Ie. Hyperkalemia) Regular Dose: Breakthrough Dose:	Medication:

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 Professional (HCP) Crisis Action Plan.



