

# Oxygen Users Disaster Evacuation Planning Checklist

## PREPARE YOUR OXYGEN DISASTER KIT

Have	Need	N/A	Oxygen / Nebulizer / CPAP-BiPAP - Item Check List
YES		NO	On questions that request a YES or NO answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use <b>Oxygen</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you take any <b>breathing prescription medicines</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Prescription Document - backup
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Concentrator – with instruction guide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Concentrator 110 Volt power supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Concentrator 12 Volt power supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tanks – How many? [    ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Manifold – backup – 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Wrench – plastic - backup - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tank Washers – backup - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Nasal Cannula - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tubing 7 foot extension - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tubing 20 foot extension - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Extension Connectors - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use <b>Nebulizer</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nebulizer tubing, tee, mouthpiece, and reservoir
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nebulizer breathing medicine (Do you have 30 day supply?)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use a <b>CPAP/BiPap Breathing Machine</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP Prescription Document - backup
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – Distilled Water - 1 gallon in travel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – 6 / 8 Foot Hose - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – Face / Nasal Mask - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – Oxygen Enrichment Adapter 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you put Your Name Labels - on your Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Extension Cords - 9 foot and or 15 foot

## OXYGEN PLAN FOR SPECIAL HEALTH NEEDS

YES		NO	On questions that request a YES or NO answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a plan if you are away from home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any of your <b>medicine need to be refrigerated</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use an <b>electric wheelchair</b> or <b>scooter</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use a <b>manual wheel chair</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	can you <b>substitute a manual chair</b> for your electric model if needed?

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does it have an <b>Oxygen bracket or Oxygen bag</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you rely on other <b>battery powered equipment</b> (hearing aids, alarms,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use disposable or limited use items (i.e. dressings, catheters,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do they have complete contact information for you (routine and emergency)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you contacted all your health providers and discussed your plans with
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you identified your out-of-the-area contact to them and provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do medical providers have plans to continue your care after a disaster?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to some of the previous questions, you should consider

### OXYGEN EQUIPMENT CHANGING

Equipment Change Out Time Frame	Oxygen / Nebulizer / CPAP- Item Check List
Update yearly if you Travel and Fly	Oxygen Prescription Document - backup
<b>Oxygen Concentrator</b>	
Replace as needed for repair	Oxygen Concentrator
Replace as needed for repair	Oxygen Concentrator 110 Volt power supply
Replace as needed for repair	Oxygen Concentrator 12 Volt power supply
<b>Oxygen Tanks</b>	
Replace as needed if they are empty	Oxygen Tanks – How many? [    ]
Replace as needed for repair	Oxygen Manifold
Replace as needed if broken or lost	Oxygen Wrench – plastic
Replace every 2 weeks	Oxygen Nasal Cannula
Replace every month	Oxygen Tubing 7 foot extension
Replace every month	Oxygen Tubing 20 foot extension
Replace every month	Oxygen Extension Connectors
<b>Nebulizer</b>	
Replace as needed for repair	Nebulizer
Replace every month	Nebulizer tubing, tee, mouthpiece, and reservoir
Replace as needed	Nebulizer breathing medicine
<b>CPAP/BiPAP</b>	
Replace as needed for repair	CPAP breathing unit
Replace as needed	CPAP breathing unit – Distilled Water - 1 gallon
Replace every 3 months	CPAP breathing unit – 6/8 Foot Hose
Replace every 6 months	CPAP breathing unit – Face Mask
Replace as 3 months needed, if broke or missing	CPAP breathing unit – Oxygen Enrichment Adapter
Replace as needed	Your Name Labels - on your Equipment

This is the Oxygen users checklist, for a more detailed plan please use the Oxygen Disaster Planning Guideline located at <http://nopersonleftbehind.org/Publications/OxygenDisasterEvacuationPlan.pdf>