## Notes from my physician

## Precautions

**Respiratory:** Individuals with DMD may have impaired ventilation and chronic respiratory insufficiency without showing overt signs. Airway clearance regimens (e.g., cough assist devices) are important tools at baseline and at times of respiratory illness. This individual **( is / is not )** on BiPAP at night. If a medical need for oxygen supplementation arises, extreme caution is recommended; careful CO2 monitoring and consideration of need for concurrent noninvasive ventilatory support is recommended.

My pulmonologist can be reached at:

**Cardiac:** Individuals with DMD are at risk for dilated cardiomyopathy but may not display classic signs of heart failure. Arrhythmia should also be considered. My cardiac medications include:

My cardiologist can be reached at:

**Fractures:** Cases of fat embolism after fractures have been reported in individuals with DMD. A fat embolism should be considered after injury if respiratory difficulty, changes in mental status, or other signs develop.

**Anesthesia safety:** Individuals with DMD require neuromuscular precautions with anesthesia. This includes the avoidance of triggering anesthetic agents that include but are not limited to succinylcholine and inhaled gases.

**Steroid safety:** This individual **( is / is not )** on chronic steroids. If this individual is on steroids, there is a risk for adrenal insufficiency/adrenal crisis. Stress dose steroids may be required at times of illness or physiologic stress. This individual **( has / has not )** been instructed to seek attention for intravenous steroid replacement if unable to tolerate usual oral steroids.

Fold Line 1

## My medications

MDA Muscular Dystrophy Association

**To learn more about DMD, visit mda.org/disease/duchenne-muscular-dystrophy or contact the MDA Resource Center at 833-ASK-MDA1 (275-6321).**

***Statement of liability:*** *While every reasonable effort is made to ensure this document is useful to clinicians and service users, MDA is not liable for any damages incurred as a result of its use.*

66-0049 January 2021

# Emergency Room Alert Card

MDA Muscular Dystrophy Association

**Duchenne muscular dystrophy (DMD)**

**Name**

**Date of birth**

**Insurance**

**Policy number**

**Neurologist/MDA Care Center**

**Primary care physician**

Fold Line 2

Fold Line 3

## Instructions

**Create wallet size document:**

Print this file on 8.5 x 11 paper in landscape orientation.

Cut along dotted line.

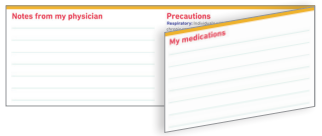
Fold along gray lines in the sequence shown.

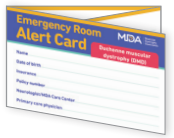
**Fill out information.**

**Keep in your wallet, purse, or wherever you carry your health insurance card.**

1 Fold in half lengthwise with image on outside

2 Facing other side, fold right side inward




3 Fold left side inward, over right side