

Fold Line 1

## My medications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication safety:** Please take caution with the following medications: fluorquinolones, botulinum toxin, chloroquine, hydroxychloroquine, corticosteroids, procainamide, and beta-blockers. These medications can cause worsening symptoms or provoke crisis. Should a medication on this list be medically necessary and there is not a safe alternative, risks/benefits must be weighed.

**Swallowing difficulty:** Some individuals with MG have trouble with swallowing and are at risk for aspiration. Nasogastric tube may be necessary in some cases of exacerbation.

**Steroid safety:** This individual (is / is not) on chronic corticosteroids. If this individual is on chronic steroids, there may be a risk for adrenal suppression. Stress dose steroids may be required at times of illness or physiologic stress.

This individual (is / is not) immunocompromised. MG patients on chronic immune suppression are at increased risk of infection.

Fold Line 2



To learn more about MG, visit [mda.org/disease/myasthenia-gravis](https://mda.org/disease/myasthenia-gravis) 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.

66-0053 August 2021

Fold Line 3

## Emergency Room Alert Card



Myasthenia gravis (MG)

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Insurance \_\_\_\_\_

Policy number \_\_\_\_\_

Neurologist/MDA Care Center \_\_\_\_\_

Primary care physician \_\_\_\_\_

**Respiratory:** This individual (is / is not) at risk for myasthenic crisis. They have been advised to seek immediate attention for any difficulty with breathing or swallowing, or significant weakness. Individuals with respiratory weakness due to MG may need ventilatory support. Oxygen saturation (O2 sat) will not be abnormal until very late in crisis. A normal O2 sat does not exclude the possibility of myasthenic crisis. Individuals with bulbar and respiratory weakness can have worsening symptoms with administration of sedating medications. Close monitoring of respiratory and swallow symptoms is necessary when giving benzodiazepine, opiate, and other pain medications. If intubation is necessary, neuromuscular blocking anesthetics can result in prolonged weakness.

**Fractures:** Individuals with MG on long-term corticosteroid therapy may have an increased risk of bone fracture.

## Precautions

## Notes from my physician

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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.

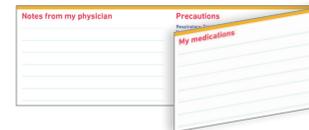
#### Fill out information.

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

