

# Emergency Room Alert Summary

## Neuromuscular Disease

Name \_\_\_\_\_

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

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

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


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

Diagnosis \_\_\_\_\_

1. Emergency contact name \_\_\_\_\_ Phone number \_\_\_\_\_

2. Emergency contact name \_\_\_\_\_ Phone number \_\_\_\_\_


### Precautions

 **RESPIRATORY:** A neuromuscular disease diagnosis can affect respiratory muscles. My diagnosis (  does  does not ) affect my ability to breathe. I use the following respiratory devices at home:

\_\_\_\_\_  
\_\_\_\_\_

### MY PULMONOLOGIST:


Name \_\_\_\_\_ Phone \_\_\_\_\_

 **CARDIAC:** A neuromuscular disease diagnosis can affect the heart. My diagnosis (  does  does not ) affect my heart. My cardiac status is:


\_\_\_\_\_  
\_\_\_\_\_

### MY CARDIOLOGIST:

Name \_\_\_\_\_ Phone \_\_\_\_\_

 **FRACTURES:** In the occurrence of (a) bone fracture(s) with my neuromuscular disease, emergency department staff should be aware of the following:

\_\_\_\_\_  
\_\_\_\_\_

 **ANESTHESIA SAFETY:** Due to my diagnosis, I have the following anesthesia precautions:

\_\_\_\_\_  
\_\_\_\_\_

### Notes from my physician

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### My medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Transportation considerations:

I use a scooter  Yes  No

I use a manual wheelchair  Yes  No

I use a power wheelchair  Yes  No

I require special lifting  Yes  No

I have a mechanical lift system  Yes  No

#### I require assistance with the following daily activities:

Eating  Yes  No

Bathing or showering  Yes  No

Grooming  Yes  No

Walking  Yes  No

Dressing and undressing  Yes  No

Transfers  Yes  No

Toileting  Yes  No

Communication  Yes  No

#### Advance directive statement:

I (  do  do not ) have an advance directive. My advance directive can be obtained from:

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Instructions:** Please fill out this document, print it, and keep it where you keep your healthcare or emergency files.

**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.

To learn more about neuromuscular disease, visit [mda.org](http://mda.org) or contact the MDA Resource Center at 833-ASK-MDA1 (275-6321).