Emergency Room Alert Summary



Neuromuscular Disease

Name	
Date of birth	
	_ Policy number
Neurologist	_ MDA Care Center
Primary care physician	
Diagnosis	
1. Emergency contact name	_ Phone number
2. Emergency contact name	_ Phone number
Precautions	My medications
RESPIRATORY: A neuromuscular disease diagnosis can affect respiratory muscles. My diagnosis (O does O does not) affect in ability to breathe. I use the following respiratory devices at home:	
	I use a power wheelchair O Yes O No
Name Phone	I require special lifting O Yes O No
CARDIAC: A neuromuscular disease diagnosis can affect the heart. My diagnosis () does () does not) affect my heart. My	I have a mechanical lift system O Yes O No
cardiac status is:	I require assistance with the following daily activities: Eating O Yes O No Bathing or showering O Yes O No
	Grooming O Yes O No
Name Phone	
FRACTURES: In the occurrence of (a) bone fracture(s) with m neuromuscular disease, emergency department staff should be an of the following:	Dressing and undressing O Yes O No Transfers O Yes O No
ANESTHESIA SAFETY: Due to my diagnosis. I have the follow	Advance directive statement: I (O do O do not) have an advance directive. My advance directive can be obtained from:

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

Notes from my physician

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

Name_

Phone _

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 or contact the MDA Resource Center at 833-ASK-MDA1 (275-6321).