I have myasthenia gravis (MG), a disease that can make me so weak that I may have difficulty standing or speaking clearly. In addition, I may have drooping eyelids, double vision, and even difficulty breathing or swallowing. Sometimes these symptoms are mistaken for intoxication. If my breathing and swallowing difficulty is severe, I may be having an “MG crisis” or “MG exacerbation” that warrants emergency treatment.

If I appear to need help, please contact my emergency contact and call 911.

Cautionary Drugs
Because I have MG, I am at risk of increased weakness if certain drugs are prescribed. Please review the “Cautionary Drugs” inside this Emergency Alert Card.

For questions regarding medications, contact my MG doctor:

Name

Phone

Revised October 2018
CAUTIONARY DRUGS FOR MG

- **Telithromycin**: antibiotic for community acquired pneumonia. The US FDA has designated a “black box” warning for this drug in MG. **Should not be used in MG.**
- **Fluoroquinolones** (e.g., ciprofloxacin, moxifloxacin and levofloxacin): commonly prescribed broadspectrum antibiotics that are associated with worsening MG. The US FDA has designated a “black box” warning for these agents in MG. **Use cautiously, if at all.**
- **Botulinum toxin**: **Avoid.**
- **D-penicillamine**: used for Wilson disease and rarely for rheumatoid arthritis. Strongly associated with causing MG. **Avoid**
- **Quinine**: occasionally used for leg cramps. **Use prohibited except in malaria in US.**
- **Magnesium**: potentially dangerous if given intravenously, i.e. for eclampsia during late pregnancy or for hypomagnesemia. **Use only if absolutely necessary** and observe for worsening.
- **Macrolide antibiotics** (e.g., erythromycin, azithromycin, clarithromycin): commonly prescribed antibiotics for gram-positive bacterial infections. May worsen MG. **Use cautiously, if at all.**
- **Aminoglycoside antibiotics** (e.g., gentamycin, neomycin, tobramycin): used for gram-negative bacterial infections. May worsen MG. **Use cautiously if no alternative treatment available.**
- **Corticosteroids**: A standard treatment for MG, but may cause transient worsening within the first two weeks. **Monitor carefully** for this possibility.
- **Procainamide**: used for irregular heart rhythm. May worsen MG. **Use with caution.**
- **Desferrioxamine**: Chelating agent used for hemochromatosis. **May worsen MG.**
- **Beta-blockers**: commonly prescribed for hypertension, heart disease and migraine but potentially dangerous in MG. May worsen MG. **Use cautiously.**
- **Statins** (e.g., atorvastatin, pravastatin, rosuvastatin, simvastatin): used to reduce serum cholesterol. May worsen or precipitate MG. **Use cautiously if indicated and at lowest dose needed.**
- **Iodinated radiologic contrast agents**: older reports document increased MG weakness, but modern contrast agents appear safer. **Use cautiously and observe for worsening.**

**FIRST RESPONDER MANAGEMENT**

**Severe Respiratory Difficulty** (complaints such as shortness of breath at rest, difficulty speaking except in short sentences, anxiety, restlessness, air hunger, fatigue, and inability to lie flat, weak cough):
- Maintain open airway.
- Suction pooled oral secretions.
- Support respirations if needed with an ambu bag or noninvasive ventilation if available.
- Breathing difficulty in MG is related to diaphragmatic weakness. **Pulse oximetry is not a reliable measurement of respiratory status.**

**Severe Swallowing Difficulty** (complaints such as choking, gagging, nasal regurgitation, inability to swallow food, medications, or saliva):
- If actively choking open mouth and remove any visible food particles.
- Perform Heimlich maneuver if foreign body (including food) airway obstruction is suspected.
- Maintain open airway.
- Suction pooled oral secretions.
- Keep a calm and peaceful atmosphere.
- Sit patient upright if alert.

This list is not all inclusive.