

1. FOLD on all fold lines, then unfold.
2. CUT on the black outline.
3. FOLD in half, then in thirds to fit in wallet.

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Other Medical Conditions:

Current Medications:

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 _____ or _____

Please consult with your physician or pharmacist. Numerous additional medications are reported to increase weakness in occasional patients with MG. The MG patient and physician should be alert to this possibility whenever a new medication is prescribed.

More thorough, up-to-date information on drug effects in MG can be found on our website at myasthenia.org.



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! EMERGENCY ALERT CARD !

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

MY NAME _____ Birth Year _____

Address _____

City _____ State _____ Zip _____

Phone _____ or _____

EMERGENCY CONTACT

Name _____ Relationship _____

Phone _____ or _____

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This list is not all inclusive.

- **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., gentamicin, 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.
- **Procalcitonin:** 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 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.*

CAUTIONARY DRUGS FOR MG

- **Tetracycline:** 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 broad-spectrum 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:** used for Wilson disease and rarely for rheumatoid arthritis. Strongly associated with causing MG. *Avoid.*
- **D-penicillamine:** used for rheumatoid arthritis. Strongly associated with causing MG. *Avoid.*
- **Chloroquine** (Aralen): Used for malaria and amoeba infections. May worsen or precipitate MG. *Use with caution.*
- **Hydroxychloroquine** (Plaquenil): Used for malaria, rheumatoid arthritis, and lupus. May worsen or precipitate MG. *Use with caution.*
- **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.*

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.
- Support respirators 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.