



# THE ALS ASSOCIATION KEY MEDICAL INFORMATION

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*Please enter your name and  
birthdate to access the app.*

ALS PATIENT NAME

ALS PATIENT BIRTHDATE MM/DD/YY

ENTER



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# MY NAME IS JOHN SMITH

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I have ALS (Amyotrophic Lateral Sclerosis).  
ASK IF I HAVE ADVANCE DIRECTIVES IN PLACE

CRITICAL INFORMATION

COMMUNICATION BOARD

EMERGENCY CONTACTS

- 1 I UNDERSTAND**  
I may slur my words or not be able to speak at all, but I understand what you are saying.
- 2 ALLOW ME TIME**  
Speak to me in a normal voice and allow me time to communicate.
- 3 WORK WITH US**  
My caregiver(s) and I are extremely knowledgeable about my condition, treatment needs, and equipment.
- 4 DO NOT GIVE ME OXYGEN**  
If I am short of breath and/or have low SpO<sub>2</sub>, DO NOT give me oxygen unless I have another respiratory condition that requires it. I may need non-invasive positive pressure ventilation to expel CO<sub>2</sub>.
- 5 OXYGEN MAY NOT HELP**  
And may mask respiratory failure. My lungs are healthy; my muscles, including diaphragm, are weak. If I am using BPAP at home, the settings should be the same as those. If not, a BPAP with a pressure of 12/6, backup rate of 10 with titration as needed may help.
- 6 DO NOT LAY ON BACK**  
Lying on my back may be difficult for me because of the possibility of CO<sub>2</sub> retention due to diaphragmatic weakness, and aspiration due to poor ability to protect my airway. I may be able if I'm using a BPAP or non-invasive mechanical ventilation.
- 7 AVOID**  
Paralytic or general anesthetics, narcotics or muscle relaxants unless absolutely necessary. If used, the ability to rapidly assist ventilation non-invasively or invasively should be available.
- 8 GASTROSTOMY TUBE**  
If I have a gastrostomy tube, please use that for administration of "oral" medications.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
<b>O</b>	<b>P</b>	<b>Q</b>	<b>R</b>	<b>S</b>	<b>T</b>	<b>U</b>
<b>V</b>	<b>W</b>	<b>X</b>	<b>Y</b>	<b>Z</b>		
<b>Yes</b>	<b>No</b>	<b>Maybe</b>	<b>Space</b>			

**PATIENT NAME**

JUNE 4, 1971

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**EMERGENCY CONTACT 1**

**Jimmy Smith**  
(800) 800-8000 - *mobile*  
(800) 800-8000 - *home*

**EMERGENCY CONTACT 2**

**John Smith**  
(800) 800-8000 - *mobile*

**PRIMARY PHYSICIAN**

**Dr. Jacob Almond**  
(800) 800-8000 - *mobile*

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## EMERGENCY CONTACTS

### PATIENT NAME

JUNE 4, 1971

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#### EMERGENCY CONTACT 1

*Name and Relationship*

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*Mobile (800) 800-8000*

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*Home (800) 800-8000*

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#### EMERGENCY CONTACT 2

*Name and Relationship*

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*Mobile (800) 800-8000*

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*Home (800) 800-8000*

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#### PRIMARY PHYSICIAN

*Name*

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*Mobile (800) 800-8000*

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*Home (800) 800-8000*

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**SAVE**