



MND Medical Alert

My Name Is: _____

I have Motor Neurone Disease which can affect movement, communication, breathing and swallowing.

It does not generally affect a person's ability to understand and make choices and decisions.

**IF I NEED URGENT HELP, PLEASE DIAL
111 AND SHOW THEM THIS CARD**

**Caution: Titrate oxygen therapy to achieve
SpO₂ 88–92%.**

I may need supported ventilation. My Care Plan has more detail.

I need specialist care if admitted to hospital.

My contact person's name & number is:

My GP's name & number is:

