



MND Medical Alert

My Name Is: _____

I have Motor Neurone Disease.

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.

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

Motor Neurone Disease can affect movement, communication, breathing and swallowing. It does not generally affect a person's ability to understand, make choices and decisions.

My contact person's name & number is: _____

My GP's name & number is: _____