



My Name is:

I have ALS (Amyotrophic Lateral Sclerosis), also known as Lou Gehrig's Disease

I have Advance Directives in place

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

Emergency Contact Person:

Telephone Number:

Physician Name:

Physician Phone Number:



Intended for informational purposes only

Z-CARD™ PocketMedia™ US Patent 5945195 #1234
Z-CARD™ NA 212-787-3450 www.alscardna.com

I may slur my words or not be able to speak at all, but **I UNDERSTAND** what you are saying.

Speak to me in a normal voice and **ALLOW ME TIME** to communicate.

My caregiver(s) and I are extremely knowledgeable about my condition, treatment needs, and equipment. Please work with us.

IF I am short of breath and/or have low SpO2, **DO NOT** give me oxygen unless I have another respiratory condition that requires it. I may need noninvasive positive pressure ventilation to expel CO2.

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.

LAYING me on my back may be difficult for me because of the possibility of CO2 retention due to diaphragmatic weakness, and aspiration due to poor ability to protect my airway. I may be able if using a BPAP or non-invasive mechanical ventilation.

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.

IF I have a gastrostomy tube, please use that for administration of "oral" medications.