My ALS Communication Passport to Quality Care

Nursing, medical staff and caregivers, please look at my passport before you do any interventions with me. This document will help you better understand my care needs and preferences.

My Name		
Neurologist	Phone	
Pulmonologist	Phone	
If you require emergency medical attention, please call 911 to access your local emergency services.		
For all other urgent medical matters and if you are seen at the Lois Insolia ALS Clinic, please call Northwestern Medicine at 312 695 7950 and ask to page the physician you'd like to speak with.		
-ݣᆞ Things You Must Know About Me		
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OMY Likes and Dislikes	lestur	nerals.org

Things You Must Know About Me

- O D	Name Preferred Name	
	PhoneAddress	Email
50°°°	Next of Kin Home Phone Address	Relationship Cell Phone
(t)	How I communicate/what language I spe	ak

Things You Must Know About Me

AND THE	My support needs and who gives me the most support
	Who I live with
誕	Religion Religious needs Ethnicity
¥.	Primary Care Physician Phone Address
C	Other services/professionals involved with me

- Things You Must Know About Me



Allergies

Medical interventions - how to take my blood, give injections, blood pressure, etc.



Breathing/heart problems

If I am short of breath and/or have low SpO2, **DO NOT** give me oxygen; I may need noninvasive positive pressure (bi-level unit) ventilation to expel CO2. Oxygen will not help and may mask respiratory failure. **My lungs are healthy; my muscles, including my diaphragm, are weak**. If oxygen is indicated, it may be bled through BiPAP.



Risk of choking, Dysphagia (eating, drinking, and swallowing)



Current medications, vitamins and supplements

Things You Must Know About Me

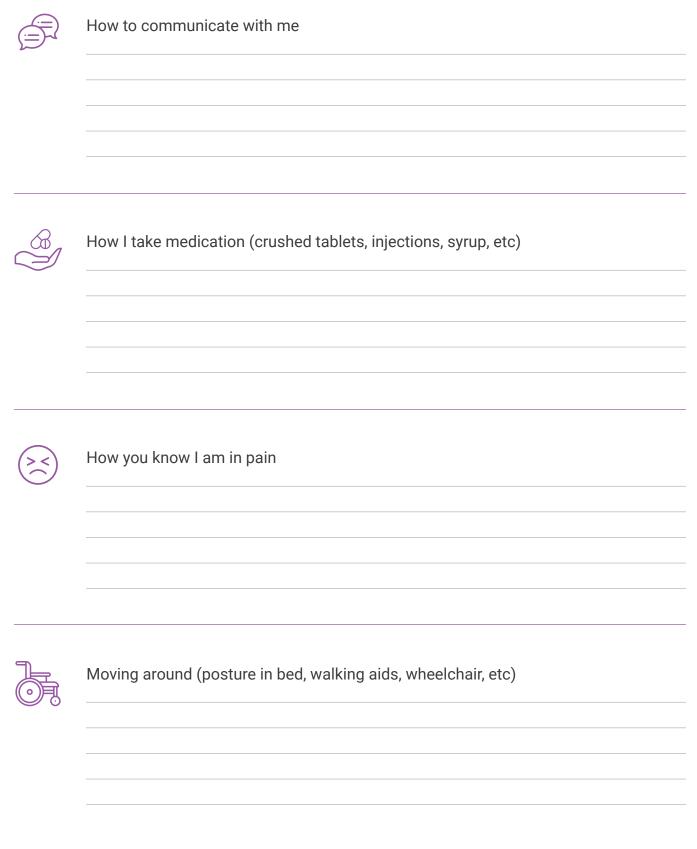


My medical history and treatment plan



What to do if I am anxious

These Things Are Important to Me



These Things Are Important to Me



These Things Are Important to Me

How I drink (drink small amounts, thickened fluids, etc)
How I keep safe (bed rails, support with challenging behavior, etc)
How I use the toilet (continence aids, help to get to toilet)
Sleeping (sleep pattern/routine)

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My Likes and Dislikes



Things I do like Please do this



Things I don't like Please don't do this

F	Notes		
Complet	ted by	Date	



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This communication passport is based on original work by Gloucestershire NHS Foundation Trust.