

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.



Things You Must Know About Me



These Things Are Important to Me



My Likes and Dislikes

**LES
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Things You Must Know About Me



Name _____

Preferred Name _____



Phone _____ Email _____

Address _____



Date of Birth _____



Next of Kin _____ Relationship _____

Home Phone _____ Cell Phone _____

Address _____



How I communicate/what language I speak



Things You Must Know About Me



My support needs and who gives me the most support



Who I live with



Religion _____

Religious needs _____

Ethnicity _____



Primary Care Physician _____

Phone _____

Address _____



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



How to communicate with me



How I take medication (crushed tablets, injections, syrup, etc)



How you know I am in pain



Moving around (posture in bed, walking aids, wheelchair, etc)



These Things Are Important to Me



Personal care (dressing, washing, etc)



Seeing/Hearing (problems with sight or hearing)



How I eat food (food cut up, risk of choking, help with eating, etc)



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)



My Likes and Dislikes



Things I do like

Please do this



Things I don't like

Please don't do this



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