

# MG Emergencies Card



✦ Keep this card on you in case of an emergency. Share it with ER providers or paramedics to help communicate key information.

## References

1. Hehir MK, et al. *Neurol Clin.* 2018;36(2):253-260.
2. Myasthenia gravis: symptoms & causes. Mayo Clinic. June 22, 2023. Accessed December 14, 2023. <https://www.mayoclinic.org/diseases-conditions/myasthenia-gravis/symptoms-causes/syc-20352036>
3. Grob D, et al. *Muscle Nerve.* 2008;37(2):141-149.
4. Myasthenia gravis (MG): signs and symptoms. Muscular Dystrophy Association. Accessed December 14, 2023. <https://www.mda.org/disease/myasthenia-gravis/signs-and-symptoms>
5. Twork S, et al. *Health Qual Life Outcomes.* 2010;8:129.

**MG United**  
by argenx

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✦ Print this page, cut out the card content and fold it at the dotted lines.

MG Emergencies Card

## I have myasthenia gravis (MG). Here's what you need to know:

**MG is a rare autoimmune, neuromuscular condition that causes muscle weakness and fatigue.<sup>1</sup> Complications from MG are treatable, but some of them can be life-threatening.<sup>2</sup>**

**Please contact my doctor to discuss any of this information, including medications and tests:**

Physician name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Institution: \_\_\_\_\_

Specialty: \_\_\_\_\_

Additional healthcare team information: \_\_\_\_\_

## COMMON MG SYMPTOMS<sup>3-5</sup>

I tend to experience the following in an MG crisis:

- |  |   |
|--|---|
| <input type="checkbox"/> Eyelid drooping                   | <input type="checkbox"/> Shortness of breath/<br>difficulty breathing |
| <input type="checkbox"/> Blurred or double vision          | <input type="checkbox"/> Weakness in the<br>arms and legs             |
| <input type="checkbox"/> Difficulty speaking               | <input type="checkbox"/> Difficulty walking/<br>standing              |
| <input type="checkbox"/> Difficulty chewing/<br>swallowing | <input type="checkbox"/> Fatigue from repeated<br>muscle use          |
| <input type="checkbox"/> Choking                           |   |
| <input type="checkbox"/> Difficulty<br>supporting neck     |   |

## PERSONAL INFORMATION

Full name: \_\_\_\_\_

### Emergency contact

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PERSONAL INFORMATION (CONT'D)

Medications: \_\_\_\_\_

Medication allergies/  
contraindications: \_\_\_\_\_