

Understanding my needs:

a personal record to
help you support me with
motor neurone disease



If you are helping with my care or treatment:

I have motor neurone disease (MND) and symptoms can vary from person to person. I carry this information with me to help you understand my needs, who I am and things I like or dislike.

Even if I cannot communicate easily, I can hear you and would like to be included in all discussions, wherever possible. See page 3 for my communication needs.

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Note to person with MND: completing this form in pencil may be easier to amend if your needs change rapidly. Or, use and print the online version of this form at www.mndassociation.org/forms

PLEASE NOTE

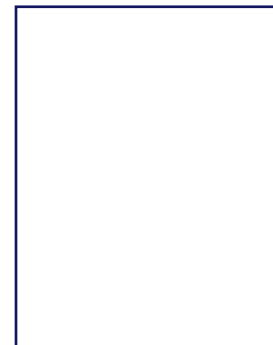
I should not be given the following medicines as I am allergic or will react to them:

PLEASE NOTE

- Oxygen should be used with caution with MND
- It may not be possible for me to lie flat if I have breathing difficulties

See page 5 for my breathing needs

My photo



Understanding my needs: with motor neurone disease (MND)

My health and social care team is listed on page 13. They can answer queries about my treatment, care or management of symptoms.

Please let my main professional contact know as soon as possible if I am receiving urgent or emergency care.

My details

My name:

Name I like to be called:

Where I live (area not full address):

Who I live with:

My telephone number:

My email:

Date of birth:

NHS number:

Personal contact, who has my permission
to be informed about my health:

Main carer:

Carer telephone number:

GP name:

GP address:

GP telephone number:

My positioning

How you position my body is important and may take some time.

My most comfortable position is:

In bed

I can lie flat: yes no

I can move myself in bed: yes no

I need help to: sit up turn over change position

I need to use: an adjustable bed extra pillows pressure relief

I am more comfortable in bed when:

When sitting

I can move myself in a chair: yes no

I need to use: a riser recliner chair pressure relief head or neck support

I am more comfortable when seated if:

My breathing

PLEASE NOTE

MND can cause respiratory muscle weakness. It may be dangerous to give me oxygen therapy. Please contact my health and social care team if unsure (see page 13).

I have breathing difficulties: yes no

This happens when I'm: at rest moving moving a lot

I use non-invasive ventilation (NIV): at night as needed all the time

I use invasive ventilation (tracheostomy):

The following can help to relieve my breathing difficulties (such as a suction machine, a device to help me cough or positioning):

My eating and drinking needs

By mouth

I have swallowing difficulties: yes no

I can eat and drink by mouth: yes some types at my own risk no

If you wish to query my choice to eat or drink at my own risk, please ask **My team** see page 13.

I need help to eat and drink: yes some help no

I use adapted cutlery and crockery: yes no

I need food: as regular (7) soft and bite sized (6) minced and moist (5)
puréed extremely thick (4) liquidised moderately thin (3)

I need thickener in drinks: not required – thin (0) slightly thick (1)
mildly thick (2) moderately thick (3) extremely thick (4)

I have the following food intolerances or allergies:

I prefer the following foods, drinks or supplements:

By tube feeding:

I use tube feeding: to top up my meals for all food and drink no

I need tube feeding, but enjoy small tasters of food by mouth:

*I accept that tasting food is at my own risk – ask **My team** if you need guidance (see page 13).*

I need help with my tube feeds: yes no

Details about my tube feeds and preferred times of day:

My physical ability

I have weakness in my: upper limbs lower limbs head/neck trunk

I use: arm/wrist splints leg splints head or neck support

I can walk: yes no with support or equipment

I need help to transfer to: bed a chair the toilet

I use the following equipment to move around:

I use the following equipment to do things:

I need rest when:

My personal care

I need help with personal hygiene:

yes

some

no

The following things are important to me when being given personal care:

My thinking and behaviour

MND can cause some unexpected symptoms. The following may help you understand what is happening if I react or behave in an unexpected way:

My medical conditions

In addition to MND, I have these other conditions (*such as diabetes, asthma or depression*):

My life

My life so far:

My work history:

Family and friends:

Important daily routines:

Things and hobbies that interest me:

Things I like to hear someone talk about:

Music or radio stations I like to listen to:

Television shows I enjoy:

My favourite films:

My favourite books:

My blog or website:

Things that annoy me:

Things that worry or upset me:

Things that make me feel better if I'm anxious or upset:

My photos

The following photos may help you understand me, and the people, places or pets that are important to me:

Use this space to add some favourite photos...

My team

These carers and professionals are my regular contacts and know my needs. They can answer queries about my treatment, care or management of symptoms.

Please let my main professional contact know as soon as possible if I am receiving urgent or emergency care. Thank you.

Name and role	Contact details
<i>Main MND professional contact:</i>	

Once you have completed this form with your details, keep it with you. It has been designed to help people understand your needs, when they provide care. Please do not return it to the MND Association, thank you.

Date(s)
This record of my needs was created on:
It was last checked on:
Signature:

We welcome your views

The MND Association encourages feedback about any aspect of the information we produce. If you would like to provide feedback about *Understanding My Needs*, please use our online form at:

www.surveymonkey.co.uk/r/UMNform

or email: **infofeedback@mndassociation.org**

or write to: Information feedback, MND Association, PO Box 246, Northampton NN1 2PR

References

References used to support this information are available on request from:

Email: **infofeedback@mndassociation.org**

Or write to: Information feedback, MND Association, PO Box 246, Northampton NN1 2PR

Acknowledgements

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Further information

We can help you find out more about MND at the MND Association. Our MND Connect helpline is for professionals as well as people with or affected by the disease. The helpline team can provide information, direct you to our national and regional services, and to other organisations as appropriate.

mndconnect
0808 802 6262
mndconnect@mndassociation.org



You can find a wide range of information for people with or affected by MND at: **www.mndassociation.org/publications**

More information for professionals is available at: **www.mndassociation.org/professionals** This includes information for care workers and staff working in emergency and acute care. They can also visit our Professionals' Forum: **<http://proforum.mndassociation.org>**

MND Association, PO Box 246, Northampton, NN1 2PR

Telephone: **01604 250505**

Website: **www.mndassociation.org**

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