



Responding to MG at Home

First Steps

Does the patient take Mestinon?

Always look to medication regimen first, if immediate crisis (difficulty breathing, speaking, holding up neck) is not occurring.

Does the patient not take Mestinon?

Determining the Cause

When was the last dose? Check to see if the patient is needing their next dose or if they just took it within a 45-90 minute window.

Look for an additional exacerbator. Is there a fever, new or changed medication, known infection, cold/flu, hot environment or exposure to bug spray, cleaning products, Epsom salts, magnesium supplements?

If not on Mestinon move to the next step below.

What Symptoms Are Being Experienced?

Is there flushing, twitching, drooling, sweating, severe cramping, nausea, diarrhea, inability to hold urine, trouble speaking, swallowing or overall increased weakness and their last dose was within a 45-90 minute window?

If they are not within the window of 45-90 minutes, begin to triage these symptoms:

Is there difficulty holding up the neck, speaking or having soft or nasal speech, rapid, shallow breathing, elevated heart rate and/or blood pressure, inability to lay flat without struggling for air, overall increased muscle weakness, trouble chewing and swallowing, lethargic or restless in spite of struggle to breathe?

Final Steps

If above symptoms are occurring within the stipulated time frame, call the doctor immediately so that the next dose can be modified. If impaired breathing, or swallowing/choking is happening, call 911 and explain to them that you suspect a cholinergic crisis (overmedication or hyperactivation) from Mestinon.

Often, a critical misstep is made when a treating doctor is unsure if the patient needs more medication or has had too much. Some even assume that difficulty breathing is due to anxiety rather than a flaccid diaphragm. If in doubt, ALWAYS go to the ER and call your doctor. *****This is *NOT* meant to replace your physician's care or to treat or diagnose but rather guide. *****

Call your doctor and 911 right away. Ask for them to check CO2 levels (vs OSAT) and evaluate for inspiratory weakness. IVIG, PLEX or additional medication may be required. If admitted, ICU is encouraged until stabilization achieved. BiPAP can be used at times to help avoid intubation.