Emergency Information

The individual carrying this card is a member of the Periodic Paralysis Association.

Patient Name: ____

In Case of emergency call: ____________________________________

I have: ____

My doctor is: ____

MD Tel: ____

Allergies: ____

Medications: ____

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Medical Problems: ____

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To Abort My Attacks, I usually: ___________________________________

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The Periodic Paralyses (PP's) are inherited muscle membrane disorders characterized by episodic weakness and paralysis. PP's are classified as hypo- or hyperkalemic but serum K+ may never range outside the norm. Paralysis may be localized or generalized but can extend to facial, bulbar and respiratory muscles and can be fatal. Consciousness and sensation is preserved even during profound paralysis. Handle unresponsive patients with due care. Episode triggers depend on the PP variant. Therapy for acute attacks requires serum potassium manipulation. Chronic treatment includes diuretics (e.g., acetazolamide and potassium sparing agents for hypoPP, and acetazolamide or potassium wasting agents for hyperPP), dietary management, and potassium supplementation (for hypoPP).

Andersen-Tawil Syndrome involves PP and cardiac arrhythmia, specifically a long QT interval and risk for ventricular tachycardia.

htpp://www.periodicparalysis.org

Hypokalemic Periodic Paralysis

Flaccid paralysis of varying severity occurs with rest after exercise, high carbohydrate meals, large meals, salty foods, cold, or epinephrine. Paralysis is associated with a fall in serum potassium. Attacks of complete paralysis can last hours. Cardiac Signs: Sinus bradycardia and EKG signs of hypokalemia. Watch for prolongation of the PR and QT intervals. Hypokalemia should be treated by oral potassium supplementation if possible (0.5-1.0mEq/kg). If use of i.v. KCl is unavoidable, use K+ in Mannitol (5% mannitol solution with 5mEq KCl/L) to terminate a paralytic attack: 15 mEq [15mmol] over 15 minutes, then 10 mEq/hr [10mmol/hr]. Avoid saline or glucose. The diluents (both glucose and NaCl) typically used for IV administration of K+ invariably result in an immediate and potentially hazardous decline in blood K+. An alternative is to give small boluses, 5mEq/bolus, in Lactated Ringers .

Hyperkalemic Periodic Paralysis

Flaccid paralysis of varying severity occurs with rest after exercise, potassium ingestion, or cold. With paralysis comes an increase in serum K+. Severe attacks may persist for several hours. Attacks may be accompanied by myotonia and arrhythmias. EKG may reveal hyperkalemia (peaked T waves, QRS widens, P wave flattens). Use candy bar or inhaled albuterol to abort an attack. Slow infusion (over 5 min) of 10% calcium gluconate reduces cardiac sensitivity to hyperkalemia.