

# A Note from my Neurologist to my other clinical providers

Created by UT Southwestern multidisciplinary MSA Clinic



UT Southwestern  
Medical Center

I have **Multiple System Atrophy (MSA)** for which I receive care at \_\_\_\_\_.

Name of Care Facility

MSA is a rare progressive neurodegenerative disorder. Please consider the following information when determining the best course of treatment.

## MSA affects my motor system and autonomic nervous system in the following ways:

### 1. Urinary and Bowel Difficulties

- At risk for UTI or urinary retention which may require intermittent catheterization
- Severe constipation

### 2. Speaking and Swallowing Difficulties

- I have slow, slurred speech. I may not have cognitive impairment. I am not intoxicated.
- Risk for aspiration pneumonia

### 3. Walking/Balance Trouble

- High risk for falls and likely benefit from PT for safety
- I may be on a judicious amount of Sinemet (if increased, could affect BP)

### 4. Breathing Problems including Stridor or Apnea

- I may need BIPAP.
- Please confirm my code status or refer to my advanced directives.

### 5. Blood Pressure variability with Orthostatic Hypotension and Supine Hypertension

- My blood pressure may be very low when standing and very high when supine. These can be serious issues.
- If blood pressure is very high when lying down, sit me up and recheck my BP **BEFORE** initiating drug treatments. I should not take midodrine, fludrocortisone, or droxidopa if I will be on prolonged bed rest. Head of bed should be elevated 30 degrees at all times.
- If my blood pressure is low, lying down should improve the blood pressure.

I **DO / DO NOT** (*patient to circle one*) have a Medical Power of Attorney.

My medical power of attorney designation is \_\_\_\_\_, related to me by \_\_\_\_\_.

Full Name

Relation

I **DO / DO NOT** (*patient to circle one*) have a Directive to Physicians and Family or Surrogates Form ("Living Will")

I **DO / DO NOT** (*patient to circle one*) have an OUT-OF-HOSPITAL Do-Not-Resuscitate (OOH-DNR) Order

I **AM / AM NOT** (*patient to circle one*) planning to donate my brain for research at \_\_\_\_\_.

Name of Care Facility

Following my death, please immediately call \_\_\_\_\_.

Phone Number

My MSA doctors are available 24 hours a day should you need further assistance in my care.

Please call \_\_\_\_\_ operator at \_\_\_\_\_ and ask for the MSA provider on call.

Name of Care Facility

Phone Number

Sincerely,

MSA Multidisciplinary Team

You can find more information here.