

MEDICAL EMERGENCY CARD



I wear a required medical device prescribed by my physician.

Medtronic

In an emergency, please contact

Physician name:

Phone number:

Emergency contact:

Phone number:

I have diabetes

If my behavior is peculiar, if I appear intoxicated, or if I am unconscious, it may be a result of severe low blood sugar.

I am not intoxicated Call for medical assistance

If I am awake and able to swallow, give me a source of sugar (for example: juice, candy, or non-diet soft drink). Do not try to give me food or drink if I am unconscious.

Healthcare professionals

I wear an insulin pump.

- The pump delivers rapid-acting insulin at a constant rate.
- Press any button to wake up the pump.
- To stop insulin delivery on the pump:
 - From the home screen, press \wedge to go to status screen.
 - Press \odot to **Suspend All Delivery**.
 - Press $\>$ to highlight **Yes**.
 - Press \odot to suspend all insulin delivery.
- **Do not** remove the pump battery.
- **Do not** remove the pump without medical consent.
- If the pump sounds an alarm, follow the instructions on the pump screen or contact a local Medtronic support representative for further assistance.

Airport information



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Airport security

- The pump **must not** go through the x-ray machine that is used for carry-on or checked luggage.
- The full body scanner is also a form of x-ray. Remove the insulin pump and disconnect the infusion set at the insertion site before going through the fully body scanner. Remove the sensor and transmitter before the scan, if continuous glucose monitoring (CGM) is used.
- To avoid removing the devices, request an alternative screening process that does not use x-ray.
- The insulin pump, infusion set, reservoir, and CGM system can withstand exposure to airport metal detectors used at airport security checkpoints.

In flight

The MiniMed™ 780G insulin pump and system devices are suitable for use in aircraft. When flying in an aircraft, it is important to keep the pump connected to the body and check blood glucose levels frequently.

Patient information

My name:

My address:

Phone number:

Medical device information

Medical device type:

Device serial number:

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Medtronic MiniMed
2 Alma Road Macquarie Park,
NSW, 2113 Australia
1800 777 808

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