

Medical Alert Wallet Card

 cut line
 fold line

Ontario Health Cancer Care Ontario	Medical Alert
	Patient Name:
Emergency Contact Name:	I am receiving the following T-cell engaging antibody drug, and it can have serious immune system side effects that must be treated urgently:
Phone: Relationship:	Date drug first administered:
	Prescribing Physician:
	Hospital:
For more information visit URL or scan the QR code.	Contact (daytime): (after hours):
* Most likely to occur within the first month of treatment	
(1evet) snothoeth	 Flu-like symptoms (fatigue, body aches)
Hematologic toxicity	Difficulty breathing Severe nauses, vomiting, Test or irregular heartheat
Chills or shaking	2.88 net 1 series et 1 series
• Tremors	Cytokine release syndrome (CRS)*
Drowsiness or weakness or swallowing	*(ogo) selementien o
Headaches that are new Or worse than usual Difficulty speaking	treated urgently. Begin sepsis protocols. If I am experiencing any of these side effects, please contact my oncology team.
Immune effector cell-associated neurotoxicity (ICANS)*	The following side effects may be life-threatening and must be

fold B

Contact the Ontario Health (Cancer Care Ontario) Specialized Services Oversight team (OH-CCO_SSOinfo@ontariohealth.ca) for a version of the patient wallet card that can be edited to include site-specific information.