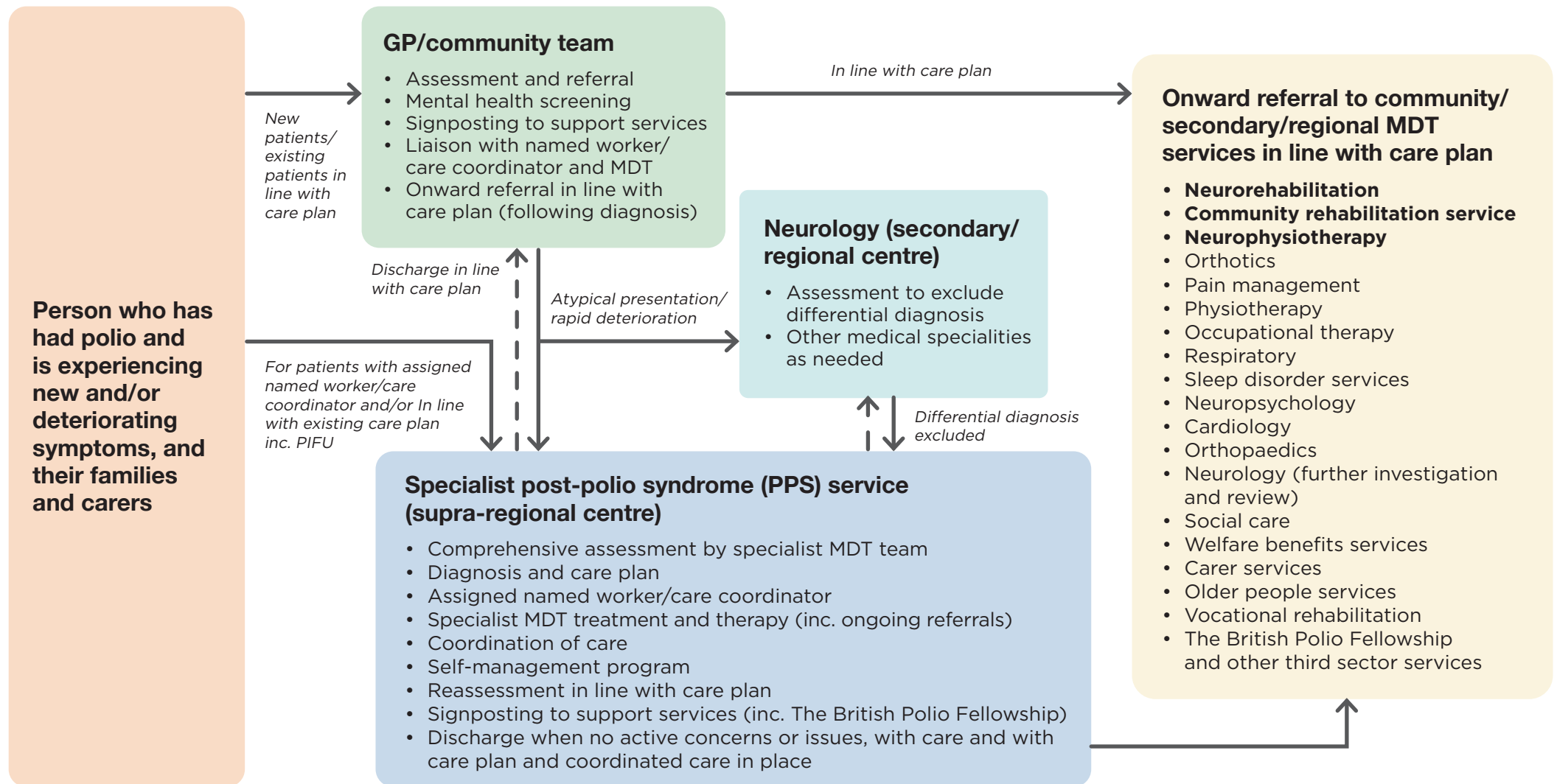


Optimal clinical pathway for polio survivors: summary

(including the late effects of polio and post-polio syndrome)



Information, education, advice, supported self-management, shared decision-making, family and carer support, access to research opportunities at all levels

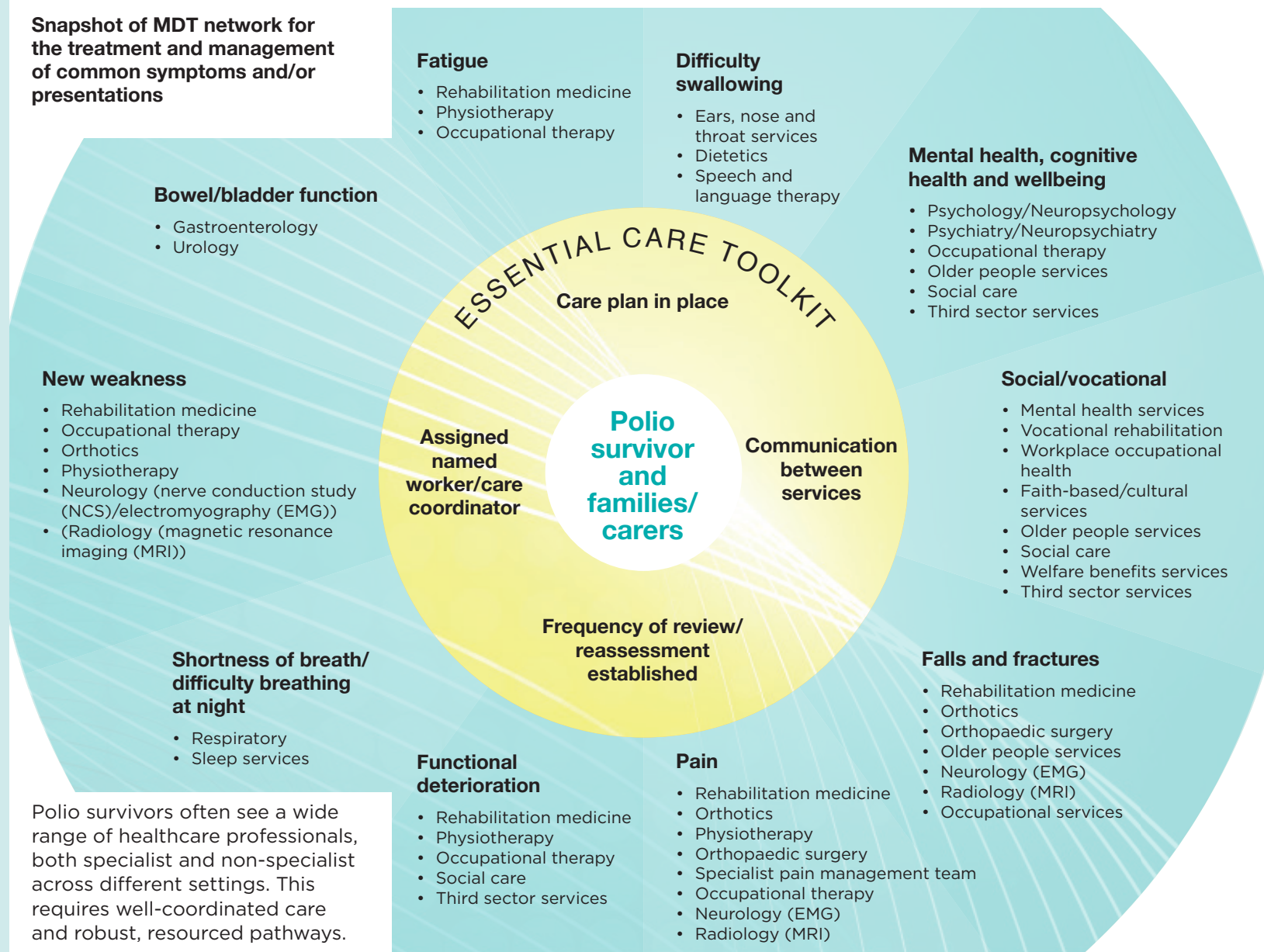
MDT: Multi-disciplinary team; PIFU: Patient initiated follow-up; PPS: Post-Polio Syndrome; LEOP: Late effects of polio

Full pathway document and other useful information: <https://www.britishpolio.org.uk/optimal-clinical-pathway>

Principles of the pathway

1. Polio survivors with first or new symptoms should be assessed and diagnosed by a specialist post-polio syndrome (PPS) service with **an experienced MDT team**. Atypical presentation and/or rapid deterioration may require assessment to exclude differential diagnosis.
2. Polio survivors with a diagnosis of LEOP/PPS should have a **care plan**.
3. The **specialist PPS service** should be responsible for development of the personalised care plan, overall co-ordination, and ongoing management with local and/or regional referral in line with the care plan.
4. Polio survivors should have a **named worker/care coordinator** that is responsible for care coordination, assessment, triage, signposting, and liaison with relevant services in line with the care plan.
5. Ongoing care and support should be **kept local** to the patient when possible.
6. Care is **person-centred** and promotes shared decision-making.
7. **Care is coordinated** around the patient's needs, underpinned by communication between specialist PPS service and local and regional teams.
8. Polio survivors have access to **integrated services** with access to neuropsychological and mental health services across the pathway.

Snapshot of MDT network for the treatment and management of common symptoms and/or presentations



Polio survivors often see a wide range of healthcare professionals, both specialist and non-specialist across different settings. This requires well-coordinated care and robust, resourced pathways.

Endorsed by:



Approved by the Association of British Neurologists (ABN) and the Royal College of General Practitioners (RCGP)