



# British Polio Fellowship

## Essential Information about my Condition

**I HAVE HAD POLIO**; polio mainly attacks the motor neurons and can leave people with widespread neurological damage some of which is easily seen, but some is much less obvious.

The late effects of polio/post-polio syndrome (PPS) can include:

- severe neuromuscular muscle weakness and fatigue
- increased pain levels and intolerance to cold
- difficulty swallowing and breathing
- difficulty waking after anaesthesia

I might require:

- assistance with mobility, transfers and care with body position
- increased pain medication and a heated blanket
- care when prescribed muscle relaxants, analgesics, sedatives and anti-cholesterol drugs
- less general, but more local, anaesthetic

**Polio survivors may have respiratory muscle weakness, altered spine shape and breathing issues leading to undiagnosed hypoventilation and a risk of hypercapnia**

(see below from Dr. Suh, Lane Fox Unit, St Thomas' Hospital, London)

- 1) Oxygen therapy targeted to SpO<sub>2</sub> 88-92% **with appropriate monitoring of arterial blood gas CO<sub>2</sub> levels** is the current best practice
- 2) Ventilatory support is imperative to improve oxygenation, but there are circumstances when this is insufficient/inappropriate, e.g. in pulmonary oedema where the primary cause of hypoxaemia may be lung failure rather than ventilatory failure.
- 3) It may be appropriate to apply O<sub>2</sub> in severe hypoxaemia before ventilation and secretion control are available.

### ABOUT ME

Name:	
Address:	
Phone number:	
GP:	Contact details:
Key Carer/family member familiar with my needs:	
Contact details:	
Specialist Consultant:	
Contact details:	
NHS Number:	

## ABOUT MY HISTORY

I had polio in \_\_\_\_\_ (year) and was hospitalised for \_\_\_\_\_ months.

During that time I needed assistance breathing from an iron lung: yes \_\_\_ or no \_\_\_

Areas of my body originally affected:

## ABOUT MY CONDITION NOW

**Areas of my body affected now:**

Mobility issues:

**More information on key areas:**

Problems breathing -

Problems swallowing -

Scoliosis (spinal problems) -

Any positions that cause me difficulty -

Any areas that are sensitive to pressure or handling (areas with very little muscle can be very easily hurt or bruised, joints with very weak muscles/ligaments may move into painful positions when moved by others) -

## USE OF HOME VENTILATION

**I use the following home ventilation** (eg CPAP, BiPAP):

When used:

Any other information on breathing or usual ventilation needs:

## MY USUAL MEASUREMENTS

(if known these can help medical professionals)

Blood pressure: \_\_\_\_\_ pulse rate: \_\_\_\_\_

Vital capacity: \_\_\_\_\_ sitting \_\_\_\_\_ lying down

Oxygen saturation: \_\_\_\_\_ carbon dioxide level: \_\_\_\_\_

**Current Medication:**

if you have a list from your GP or pharmacist, attach it to this form

## **ANY FURTHER CRITICAL INFORMATION:**

**NOTES: Fill this form in now - it is to take to hospital should you need to go quickly. Put it in an envelope by the door, clearly marked.**

Updated following the COVID-19 epidemic from 'What you need to know about my condition', by The British Polio Fellowship; May 2020.