Help with filling in BPF’s Care Plan for Polio Survivors (editable PDF version)

The BPF’s Care Plan for Polio Survivors can be completed by you, your trusted representative and/or your GP, consultant, or other healthcare professional. The information can be updated at any time.

The document and its content belong to you. You can share it or allow someone else to share it if you give them permission.

Purpose

The purpose of a care plan is to record your polio history, any health issues, and how polio-related symptoms affect your daily life.

The more information you include, the more useful it will be. Even a partially completed care plan can be an extremely valuable document - not only for you, but also for your GP, consultant, healthcare professionals, or other caregivers, and save you from having to repeat the same details over and over again.

It will also keep track of any treatments, therapies, or interventions you’ve tried and what has worked.

Top Tips

- Take your time completing the care plan - there’s a lot of information to include. It doesn’t have to be finished all in one go.
- Try to fill in as many sections of the care plan as you can, sharing as much detail as you remember and from any medical records you still have. Every bit helps.
- Complete the three items at the top of the first page - the information will be automatically copied to all other pages:
    - *Name* – your full name.
    - *NHS Number* - can be found on any letters from the NHS.
    - *Date Version Completed/Updated* – change when the plan is edited.
- Enter dates in a DD/MM/YYYY format using leading zeros if needed (e.g. 17/02/1959).
- If you run out of space when answering a question, use the second-to-last page of the care plan (*ANY OTHER USEFUL NOTES/INFORMATION YOU WOULD LIKE RECORDED*) to finish your answer. Make sure you note which question the extra information is for.

Continue for advice on how to complete each section of the care plan.

CONSENT

Complete the consent box provided if you want your GP, consultant, or other healthcare professional to share the information with relevant colleagues.

PATIENT OVERVIEW

Your personal details are needed on the care plan to provide you with safe, effective, and personalised care, confirm your identity, and help with wider planning and support. If you choose to share this information with the NHS it will be handled with care and protected by strict laws and professional rules.

POLIO HISTORY

Complete each stage of your polio history to the best of your knowledge or memory. For each stage (there are four stages): use the drop-down boxes to indicate on each side of the body, which areas were affected by (or because of) the polio virus.

Add your age at the time (**AT AGE**); and in the textbox below (**PROVIDE DETAILS (INCLUDE RELATED OPERATIONS**)) include any relevant details such as surgeries or treatments.

Here is a definition of the four stages of your polio history:

- **ACUTE POLIO AND REHABILITATION STAGE:** the early stage of polio when the illness was at its worst and rehabilitation was needed to regain strength and movement.
- **AT YOUR BEST ABILITY HOW WERE YOU?:** when you were at your best level of mobility, energy, and independence.
- **BECAME AWARE OF NEW PROBLEMS:** as you experience new or deteriorating symptoms.
- **HOW ARE YOU NOW?:** how the effects of polio affect your daily life nowadays.

To build a more complete picture of your polio experience, provide information on:

Common conditions experienced by polio survivors: For each condition, use the drop-down box to show whether it affects you now (***YES; NO***; you ***DON'T KNOW***; or ***NOT TESTED*** - you've not been tested).

My medication: List the name of any medication you are currently taking, the dose (if known), and for what each medication has been prescribed.

Other relevant medical information: Include any other medical history that you feel may be helpful to record for you or for your healthcare professional.

MY SYMPTOMS AND HOW THEY AFFECT ME

It's important for healthcare professionals to understand how common post polio symptoms affect you nowadays. For each symptom, use the dropdown boxes that best describes how this symptom affects you.

Are you affected? In other words does this symptom affect you nowadays – Yes or No? Select ***NO*** if the symptom doesn't affect you at all and move on to the next symptom.

Select **YES** if the symptom does affect you and continue right to complete the remaining three columns.

There are two columns to record how you are affected when the symptom is at its best (**LEAST SEVERE**), and at its worst (**MOST SEVERE)**. The final column rates how the symptom affects your daily life (**MY OVERALL LIFE**).

If the symptom is constant (for example pain), you won't have good and bad days, so simply fill out the final column (**MY OVERALL LIFE**).

Using the dropdown box select the option that best describes the symptom's impact on you:

- ***NO IMPACT*** it has no or little impact on your life.
- ***OK*** you can manage the symptoms (e.g. with heat or over the counter medication).
- ***BAD*** it is intense or worsening and requires prescription drugs.

The final three rows are labelled ***OTHER*** and can be used to record any other symptoms you experience you want recorded and how they affect you.

Things I used to like doing but am finding harder: List any activity or hobby you are struggling to do nowadays. This will allow the healthcare professional or carer to explore how your health affects your life and what might motivate you to improve it, resulting in more effective, personalised care.

Help needed for daily activities: Describe as best you can how you manage your daily activities and whether you need any help. This might include support from a carer, specific equipment, or home adaptations. Sharing this information helps decide eligibility for certain types of care funding and supports you to live as independently as possible while improving your overall wellbeing.

Use the last row labelled ***OTHER*** to include any daily activities that are not listed but you would like recorded.

If you don't need help for an activity enter **N/A (not applicable)** to show you have considered the question.

Do you use any assistive devices or mobility aids? Select any equipment you use which helps you stay independent or makes daily activities easier.

Use the last row labelled ***OTHER*** to include any equipment you regularly use but is not listed.

HEALTH AND WELLBEING

Keeping a record of how you would realistically like to live your life helps healthcare professionals understand your wishes and plan your care to make this possible.

My health and wellbeing goals and aspirations: Write down any goals or things you would like to do, whether short-term or long-term, and circle how likely it is for you to achieve. For example you might want to:

- cook a simple meal - possible with adaptive tools or sitting while cooking.
- attend a Branch meeting - realistic with mobility aids and transport support.
- manage your personal care independently – possibly achievable with the right adaptive aids.

List of tests done and advice: Write down any tests you've had, what they were for, and when you had them (even an approximate date is fine). Also include any advice you were given or plans that were made following the tests.

SUPPORT SERVICES

Listing the support you currently receive will help healthcare professionals identify anything missing that you may be eligible for and direct you to the right services or benefits.

Services that are now supporting me: Describe any services that are currently helping you e.g. physiotherapy, mental health, Citizens Advice.

Financial/benefits support you receive: List any financial support or benefits you are currently receiving such as Personal Independence Payments (PIP), Adult Disability Payments (ADP), Pension Credit, Attendance Allowance etc.

Services that have supported me in the past: List any services that have helped you before, but you no longer receive support from them.

ANY OTHER USEFUL NOTES/INFORMATION YOU WOULD LIKE RECORDED

Use this space to record anything else you'd like noted or remembered that doesn't fit into any other section, and/or you think your healthcare professional should know.

You can also use this box if you need more space to answer a question – make sure you indicate which question the extra information relates to.

SUMMARY OF DISCUSSIONS WITH CLINICIAN/HEALTHCARE PROFESSIONAL AND NEXT STEPS

Use this section to record any meetings or actions taken by a clinician or healthcare professional. Include when the meeting happened, the action that was agreed, what was discussed, and any next steps.

SAVE AND PRINT BUTTON

Press the **SAVE AND PRINT** button when you are ready to save your form (either because you want to come back to it and edit it later or because you have finished filling it in.

Once saved, you can print it and/or email it to yourself or to someone you want to share it with, such as your GP or other healthcare professional. Please do not share your care plan with the British Polio Fellowship.

TOP TIP: You can save the form at any time. To avoid confusion, give it a unique name or add a number so you can easily find the latest version.

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