

# Symptom Check List For Families and Caregivers

I am a **Polio Survivor** with Post-Polio Sequelae

- . **EASILY SEDATED**, and can be difficult to wake
- . **Can Have Difficulty BREATHING and SWALLOWING with Anesthesia**
- . **HYPERSENSITIVE to PAIN and COLD.**

**May Need heated blanket and Increased pain medication post-op.**

Name: \_\_\_\_\_

I have these Symptoms of PPS (checked):

Overwhelming Fatigue

Muscle Weakness

Muscle and Joint Pain

Sleep Disorders

Cold Intolerance

Difficulty Swallowing

Difficulty Breathing

Sensitivity to Anesthesia

**“Breathing Outcomes for Post-Poliomyelitis Syndrome (PPS)”**

<http://www.breathenvs.com/#!blank/n0gnd>

**International Centre for Polio Education**

<http://postpolioinfo.com/library.php>

**“Post-Polio Care for our Families and Health Care Providers”**

<http://www.papolionetwork.org/information-for-pps-caregivers-and-providers.html>

**Post-Polio Health International**

<http://www.post-polio.org/> and <http://www.post-polio.org/edu/healthcare/index.html>

**“Preventing Complications in Polio Survivors Undergoing Surgery”**

<http://www.papolionetwork.org/-anesthesia-warning.html>

**Please take this information into account, when you are creating my treatment plan. I have added additional information (as it relates to my polio history) on the back side of this page.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_