**PERSONALIZED**

EMERGENCY MEDICAL INFORMATION

**FIBRODYSPLASIA OSSIFICANS PROGRESSIVA**

|  |  |
| --- | --- |
| **INFORMATION ON THIS CARD WAS UPDATED ON THIS DATE:**  **NAME OF FOP PATIENT:**        Home Address:  City, State/Province, Zip/Postal:  Mobile #:  Email: |  |

Click to add photo

**MY FAMILY CONTACTS ARE:**

**Name Relationship Mobile #**

      Mother

      Father

      Grandparent

      Sibling

      Caregiver

      Other:

**I HAVE AN ULTRA RARE CONDITION KNOWN AS FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP)**

The person holding this document and pictured above has an ultra-rare

condition known as fibrodysplasia ossificans progressiva (FOP).

FOP is a genetic disorder in which bone forms in muscles, tendons, ligaments, and other connective tissues. Bridges of extra bone form across the joints in characteristic patterns, progressively restricting movement. FOP is a disease in which the body produces not just too much bone, but an

extra skeleton that immobilizes the joints of the body, leading to stiffness and permanent immobility.

**MINIMIZE RISK with EXTRA CARE IN ALL SITUATIONS**

Extra bone growth can occur without any warning or as a result of trauma. For example, deep invasive procedures, repeated or excessive blood pressure cuff inflation, or forced movement or stress on a joint can trigger a FOP flare. Care should be used to provide appropriate medical care while minimizing trauma (e.g., phlebotomy by experienced personnel only; decreasing blood pressure measurements to the lowest necessary frequency.) These episodes of bone formation may be preceded by severe inflammation (“flares”). Efforts to remove this extra bone will cause more bone to grow. Malformations of the great toe are commonly noted at

birth. Ectopic bone formation usually begins in the first decade of life and progresses episodically in characteristic anatomic patterns.

**It is critical for people with FOP to have their family and caregivers accompany/provide care and advice for them in hospitals and at appointments.**

**MUST READ HEALTH PRECAUTIONS:**

**1.** Avoid all IM (intramuscular) injections unless necessary for survival of the patient. IM injections will likely cause flare-ups and subsequent ossification.

**2.** Stabilize and Treat: Venipuncture, subcutaneous and intravenous treatments are OK. Experienced staff or guided IV placement is highly recommended.

**3.** Peripheral IV’s are permissible. Use smallest needle possible with brief tourniquet time. Avoid central venous access unless necessary for survival of the patient.

**4.** In case of major trauma, begin corticosteroids immediately. Prednisone - 2 mg/kg/day (oral) or methylprednisolone 1.6 mg/kg/ day (IV) for 4 days. Evaluate for other potential causes of the flare such as infection.

**5. Intubation precautions:** The cervical spine is often partially or completely ankylosed from FOP. The jaw is likely limited in movement or functionally ankylosed. Even if it is mobile, it is extremely susceptible to trauma. Do not passively manipulate. If non-invasive airway support is not possible, secure the airway with fiberoptic nasotracheal intubation by an experienced anesthesiologist. A surgeon should be immediately available to perform a tracheostomy

if indicated. Steroids should be given if intubation is performed.

**6.** Consulting of FOP Expert Clinicians is strongly recommended.

**CONTACT FOP EXPERTS FOR CARE ADVICE:**

**MY PRIMARY DOCTOR IS:**

Name:

Hospital/practice:

Tel:

Email:

**MY FOP DOCTOR IS:**

Name:       Hospital/practice:       Tel:

Email:

**INTERNATIONAL FOP EXPERT CLINICIANS TO CALL FOR ADVICE:**

**Frederick S. Kaplan, M.D.**

Director, Center for Research in FOP & Related

Disorders

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**INTERNATIONAL FOP EXPERT ON ANESTHESIA:**

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**INTERNATIONAL DENTAL CARE ADVICE:**

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**INTERNATIONAL ORAL AND MAXILLOFACIAL SURGERY ADVICE:**

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[Email: Robert.diecidue@jefferson.edu](mailto:Robert.diecidue@jefferson.edu)

**PERSONALIZED MEDICAL INFORMATION**

Name:       Date of Birth:       My blood type is:

**Current medications I am taking: (list medication/dose)**

|  |
| --- |
|  |

**List all allergies to medications: (list allergy/reaction)**

**Food allergies:**

**Latex Allergy:** YES  NO

**Immunizations: (list vaccine/date given)**

**Medical conditions that I have other than FOP: (list all)**

**The following parts of my body have restricted movement due to ossification:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Jaw | Left Shoulder |  | Left Knee |  | Left Ankle | | |
| Neck | Right Shoulder |  | Right Knee |  | Right Ankle | | |
| Back | Left Elbow |  | Left Wrist |  |  | | |
| Left Hip | Right Elbow |  | Right Wrist |  | |  |

Right Hip  Other:

**I am currently enrolled in a clinical trial**:

Name of study drug:

Study Doctor name:

Study Doctor contact number:

Clinical trial site:

**I have had the following surgeries:** (**surgery/date)**

**My most recent pulmonary function test results were: (date of last test/results)**

**I have a signed health directive:** YES  NO