

Hospital Passport

For people with learning disabilities

This assessment gives hospital staff important information about you.

Please take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.

Please note: **Value judgements** about quality of life must be made in consultation with you, your family, carers and other professionals.

This includes Resuscitation Status.

Make sure that all the nurses who look after you read this assessment.

Adapted from Gloucestershire Partnership NHS Trust document

RED-ALERT

Things you must know about me

Name -	NHS number -	
Likes to be known as -		
Address -	Tel no: -	
Date of Birth -		
GP -	Address:	
Next of Kin -	Relationship -	Tel no -
Key worker/main carer -	Relationship -	Tel no -
Professionals involved -		
Religion -	Religious requests -	

Allergies -
Current medication -
Brief medical history -
Level of comprehension/capacity to consent -
Medical Interventions - how to take blood, give injections, take temperature, medication, BP etc.

Heart (heart problems) -
Breathing (respiratory problems) -
Behaviours that may be challenging or cause risk -

Completed by:..... Date:.....

AMBER

Things that are really important to me

Communication -

How to communicate
with me.

Information Sharing -

How to help me
Understand things.

Seeing/hearing -

Problems with sight
Or hearing.

Eating (swallowing) -

Food cut up, choking,
Help with feeding.

Drinking (swallowing) -

Small amounts,
Choking.

Going to the toilet -

Continence aids,
Help to get to the toilet.

Moving around -

Posture in bed,
Walking aids.

Taking medication -

Crushed tablets,
Injections, syrup.

Pain -

How you know
I am in pain.

Sleeping -

Sleep pattern,
Sleep routine.

Keeping safe -

Bed rails, controlling
Behaviour, absconding.

Personal care -

Dressing, washing etc.

Level of support -



Who needs to stay and how often.

Completed by:..... Date:.....

GREEN

Things I would like to happen

Likes/dislikes

THINGS I LIKE Please do this:		THINGS I DON'T LIKE Don't do this:	
Think about - what upsets you, what makes you happy, things you like to do ie watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.			

Completed by:..... Date:.....

Electronic Flagging of Hospital Notes

Consent

I agree to have my hospital notes electronically flagged so that hospital staff will have a better understanding of how my learning disability affects my health.

Signed.....Date.....

Best Interests

I have consulted with colleagues and believe it is in the best interests of to have their hospital notes electronically flagged.

This will ensure that hospital staff will have a better understanding of how their learning disability affects their health and wellbeing.

Signed.....Date.....

Completed by:..... Date:.....