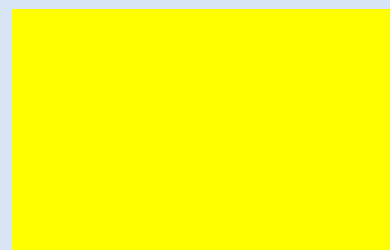


This is my Hospital Passport



For people with a learning disability coming into hospital

My name is:

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to hang on the end of my bed and a copy should be put in my notes.



This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.



Things you must know about me



Things that are important to me



My likes and dislikes

Mental Capacity Act 2005

If I am assessed as lacking capacity to consent to my treatment the following people must be involved in best interest's decision making

Name: Relationship: Contact details:

Name: Relationship: Contact details:

Name: Relationship: Contact details:

Things you must know about me



Name:

Likes to be known as:



NHS number:

Date of birth:



Address:

Tel no:



How I communicate/what language I speak:



Family contact person, carer or other support:

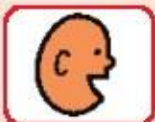
Relationship eg Mum, Dad, home manager, support worker:

Address:

Tel no:



My support needs and who gives me the most support:



My carer speaks:

Date completed

by

Things you must know about me



Religion:

Religious/spiritual needs:

Ethnicity:



GP:

Address:

Tel no:

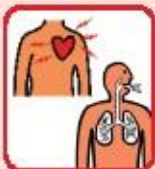
Other services/professionals involved with me:



Allergies:



Medical interventions – how to take my blood, give injections, BP etc.



Heart

Breathing problems:



Risk of choking, dysphagia (eating, drinking and swallowing):

Date completed

by

Things you must know about me



Current medication:



My medical history and treatment plan:

Reasonable adjustments I will need you to make:



What to do if I am anxious:

Things that are important to me



How to communicate with me:



How I take medication: (whole tablets, crushed tablets, injections, syrup)



How you know I am in pain:



Moving around (posture in bed, walking aids):



Personal care (dressing, washing, etc):

Things that are important to me



Seeing/hearing (problems with sight or hearing):



How I eat (food cut up, pureed, risk of choking, help with eating):



How I drink (drink small amounts, thickened fluids):



How I keep safe (bed rails, support with challenging behaviour):



How I use the toilet (continence aids, help to get to toilet):



Sleeping (sleep pattern/routine):

My likes and dislikes

Likes: for example - what makes me happy, things I like to do
ie watching TV, reading, music, routines.

Dislikes: for example - don't shout, food I don't like, physical touch.

Things I like

Please do this:



Things I don't like

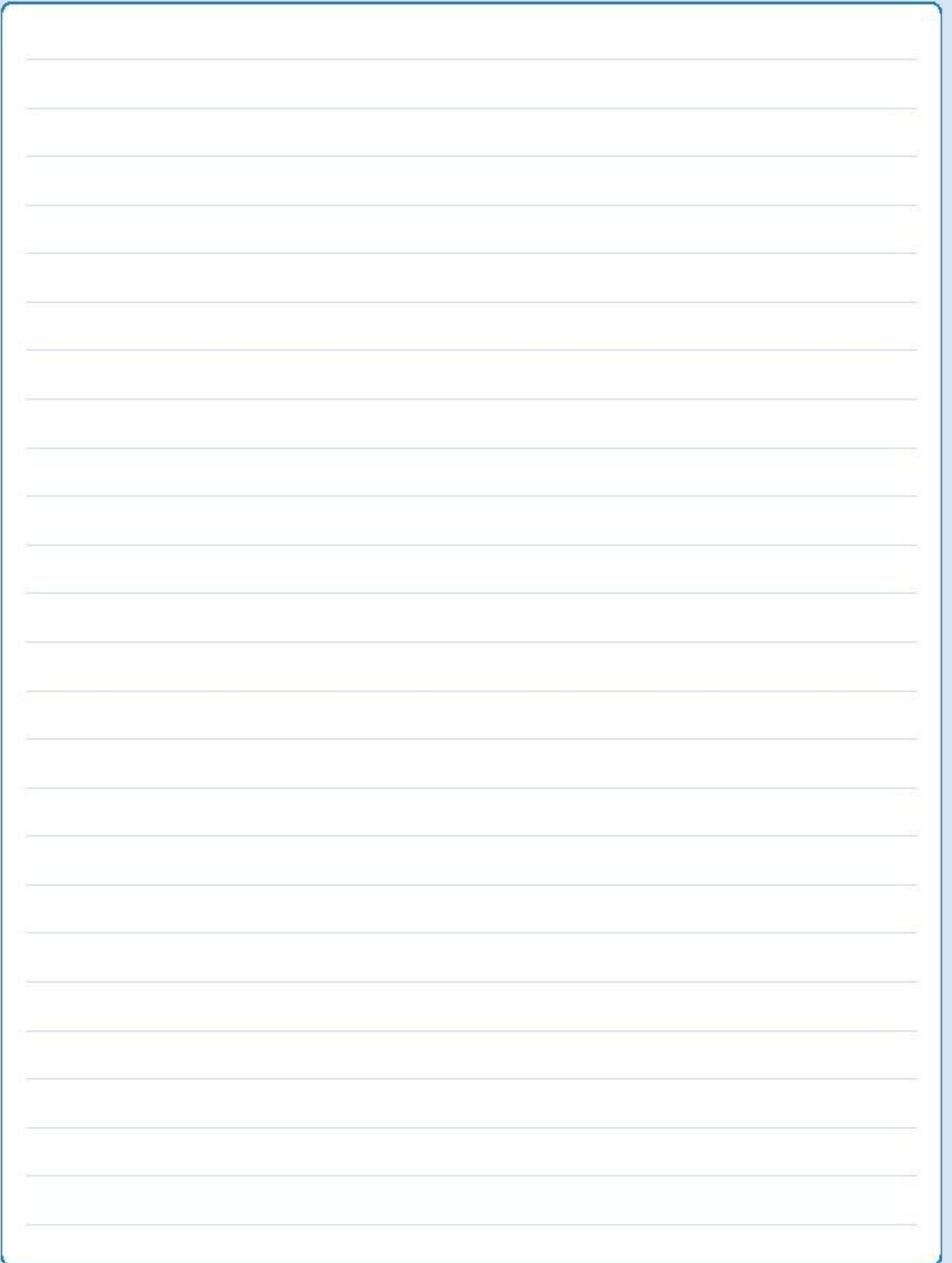
Don't do this:



Date completed _____

by _____

Notes



A large rectangular area with horizontal ruling lines, intended for writing notes. The lines are evenly spaced and cover the majority of the page's content area.

Contacts and useful websites

Learning Disability Community Specialist Health Services (Sandwell)
Quayside House
Rounds Green Road
Oldbury
West Midlands
B69 2DG

Tel: 0121 543 4287
Fax: 0121 612 3705

Acute Liaison Nurses:

Sandwell, City & Rowley Regis Hospitals – David Cobley

Russells Hall Hospital – Jacqui Passmore

Walsall Hospital – Pam Miles & Jo Hartell

New Cross Hospital – Elaine Wharton

www.easyhealth.org.uk

www.intellectualdisability.info

www.mencap.org.uk/gettingitright

Please contact your local community learning disability team
if you have any questions about the passport

This hospital passport was developed by the South West London Access to Acute Group and based on original work by Gloucester Partnership NHS Trust.

Thank you to The Baked Bean Theatre Company, members of our community, Wandsworth Community Learning Disability Team, members of the St Georges Access to Acute working party, Merton CTPLD Community Nurses and the Corporate Design department at Wandsworth Council who all inputted into the redesign of this document.