



Hospital Passport for people with Learning Disabilities

Please take this Hospital Passport if you have to go into hospital.

This Hospital Passport gives staff looking after you important information about you. Please ask staff to read it.

You can contact the Learning Disability Liaison Team when you are coming into the Hospital.



Telephone:

01872
255743



Email:

rch-tr.LearningDisabilities@nhs.net

Hospital Passport updated on: (month) (year) 20.....

RED

Things you **MUST** know about me



Name:

NHS No:

Likes to be known as:



Address:

Tel No:



Date of birth:

GP:

Please check my capacity to understand what is happening to me on each decision.



Next of Kin:

Tel No:

Relationship:

Care Provider:

Tel No:

Key worker/Main carer:

Tel No:



Known to social services?

Yes / No

Contact name:

Tel No:



Who I would like you to contact first:

Tel No:

Religion/Religious requests:



Allergies:

Current medical conditions:



Current medication (please bring mars sheet / px sheet):



End of Life plan in place: YES / NO



How I may react if I am anxious or find the situation challenging:



My preferred communication method to help me understand is:

Speaking / Signing / Pictures / Other: _____

Amber

Things you **NEED** know about me



For my safety – e.g. bed rails, people to support me, what I understand?



Level of support – e.g. who needs to stay with me and how often.



If I am anxious it helps if you..



Pain – e.g. how you know I am in pain and what helps.



Seeing/Hearing – e.g. glasses, hearing aids?



How I take medication – e.g. oral / liquid / peg.



Eating (swallowing) – e.g. dentures, food cut up, choking, eating aids, help with feeding, peg



Drinking (swallowing) – e.g. Small amounts, choking, what I like to drink, what I drink from



How I get around – e.g. mobile, aids, hoist transfer.



Going to the toilet – e.g. independent, pads, catheter, aids needed.



Personal care – e.g. dressing, washing, etc.



Sleeping – e.g. sleep pattern, sleep routine, sleep system, posture.

Green

Things you SHOULD know about me

Think about – what upsets you, what makes you happy, things you like to do such as watching TV, reading and listening to music. How do you want people to talk to you (don't shout). Food likes, dislikes, physical touch, special needs, routines, things that keep you safe.



Things I like



Things I don't like

Pain Passport/ Baseline Observations

Signs and behaviours when comfortable and when in Pain

<u>Respirations</u>	<u>Saturations</u>	<u>Blood Pressure</u>	<u>Heart rate</u>	<u>Temperature</u>



What I look like when I am WELL: (What does my Face, skin, eyes look like?)

How do I sound when I am WELL: (What do I sound like, how do I communicate)

Body movements when I am WELL: (What does my body look like)

Other things to know, when I am WELL:



What I look like when I am in PAIN: (What does my Face, skin, eyes look like?)

How do I sound when I am in PAIN: (What do I sound like, how do I communicate)

Body movements when in PAIN: (What does my body look like)

Other things to know, when I am in PAIN: