

This is my **Hospital Passport**

This booklet will help you support me in an unfamiliar place

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.

This booklet can support you to make a reasonable adjustment for me.

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

Things you must know about me

Things that are important to me

My likes and dislikes

Please be aware of any advanced decision, LPA, Court Protection.

Mental Capacity Act 2005 — applicable to people aged 16 and over

If a person is assessed as lacking the ability to make a decision and needing an advocate, please follow local Mental Health Capacity Act Policies and Mental Capacity Act Code of Practice 2005.

If I am assessed as lacking the capacity to consent to my treatment, the following people must be involved in any decisions made in my best interest.

Name	Relationship	Contact details

Deprivation of liberty care plans:

Please note any plans I have in place at home that may affect me in hospital.

Things you **must** know about me



Name:

Likes to be known as:



NHS number:

Date of birth:



Address:

Telephone number:



Family contact person:

Relationship – eg mum, dad:



Address:

Telephone number:



Allergies, adverse drug reactions or intolerance:

Things you **must** know about me

GP:



GP Surgery

Address:

Telephone number:

Other services/professionals involved with me – e.g. social workers, advocate, named carer, etc



Immunisation history:

Date of your last annual health check:



How I communicate and how to communicate with me:



What language I speak:

Sight/hearing (problems with seeing or hearing):



My support needs and who gives me the most support:

Things you **must** know about me

How I take medication (whole tablets, crushed tablets, injections, syrup). Please refer to my most recent prescription:



Medical interventions – how to take my blood, give injections, blood pressure, etc:



Heart/breathing problems:



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



● Things you **must** know about me

My medical history and current diagnosis:



Blank area for writing medical history and current diagnosis.

What makes me anxious or afraid, how I may react (risk to me and others, triggers, do I have a behaviour management plan?)
How you can support me:



Blank area for writing about anxiety, fear, and support.

Carers Passport

As the relative and/or carer of:

I can:

Visit out of normal visiting hours.

Provide assistance in washing and dressing.

Provide assistance in feeding.

Be actively involved in team meeting discussions, and planning the discharge where appropriate, about the person I care for.

Provide support to the person I care for, when having investigations in the hospital.

Other: (please describe)

I will inform staff if I am entering or leaving the ward outside of normal visiting hours. I understand that, at times, I may be asked to leave the ward or bay if there is a clinical necessity.

I agree that if I am assisting with feeding, washing or mobilising, that staff may work alongside me to fulfil their clinical responsibility.

During your relatives/cared for stay at the hospital you will have access to:

- Regular liquid refreshment
- Flexible visiting hours

Name:

Relative carer:

Signature:

Authorised by:

Designation:

Date:

Review date:

Epilepsy awareness and management

What type of Epilepsy do I have?

How do my seizures present?

Do I have a protocol for the administration of Emergency medication? If so what is it?

How do I present post seizure?

Does my epilepsy effect my behaviour pre seizure?

Are there any signs that I may be building towards a seizure?

End of Life planning

How I want to be cared for when I'm coming to the end of my life.

Where I want to be cared for when I'm coming to the end of my life.

Do I want to be resuscitated?

Do I have capacity for these important decisions? If not who are the people who need to be involved in this discussion:

Things that are important to me

My sensory reactions (under sensitive, over sensitive to light, noise, touch, smell, taste):



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

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, risk of falls, wandering, can I call for help):



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



Sleeping (sleep pattern/routine):



Religion and religious/spiritual needs:



Questions to ask in hospital.



Why am I in hospital?



What are you doing to help me?



How long do I need to be here?



What do we need to do to get me home?



If you do not understand please tell the staff, so they can help.

My likes and dislikes

Likes:

For example-what makes me happy, things I like to do such as watching TV, reading, music, routines that are important to me.

Dislikes:

For example – don't shout, food I don't like, physical touch, things that worry or upset me.

Things I like

Please do this:



Things I don't like:

Don't do this:



Current and past interests, jobs and places I have lived in.
My life so far (family, home, background, treasured possessions)

Notes

Advocacy:

Advocacy is taking action to help people:

- Express views and wishes
- Secure their rights
- Have their interests represented
- Access information and services and
- Explore choice and options



People who experience difficulties in communication have a right to be represented in decisions about their lives.

If a person is assessed as lacking the ability to make a decision and needing an advocate, please follow local Mental Capacity Act Policies and Mental Capacity Act Code of Practice 2005.

Date completed:

By:



Information for staff

Further information on the Hospital Passport is available from:

Clinical Nurse Specialist – Learning Disabilities

Southend Tel: **01702 435555 ext 6448** Basildon Tel: **01268 524900 ext 8064**

Mid Essex Tel: **01245 516596**

This passport has been developed within Mid and South Essex University Hospitals Group but please feel free to use it for patients in other Boroughs.

Useful websites/contacts:

www.easyhealth.org.uk

www.intellectualdisability.info



Information for patients

Further information for patients is available from Patient Advice and Liaison Service (PALS), who offer a free confidential service for patients, their families and carers. PALS can be contacted in a number of ways:

Southend Tel: **01702 385333** Email: pals@southend.nhs.uk Web: www.southend.nhs.uk

Basildon Tel: **01268 394440** Email: pals@btuh.nhs.uk Web: www.basildonandthurrock.nhs.uk

Mid Essex Tel: **01245 514130** Email: public.response@meht.nhs.uk
Web: www.meht.nhs.uk

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