

This is my Hospital Passport

Please let my specialists know I have been admitted to hospital and remember to send them a copy of my discharge summary when I go home

Please read my passport before you do any intervention. This passport belongs to me, please return it when I am discharged.

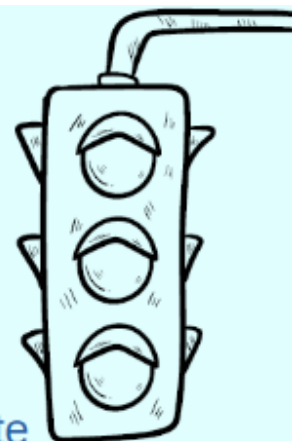
How to use my passport

My passport provides all the information you need to know about me and my additional need.

It will give everyone caring for me important and up to date information and each section is colour coded, which shows important information, information that is important to me and my likes and dislikes.

As well as using the tables and tick boxes, please feel free to add written comments or pictures too to give more information.

It is important that this information is kept up to date to ensure I get the best care possible.



Red indicates important information that you must know about me



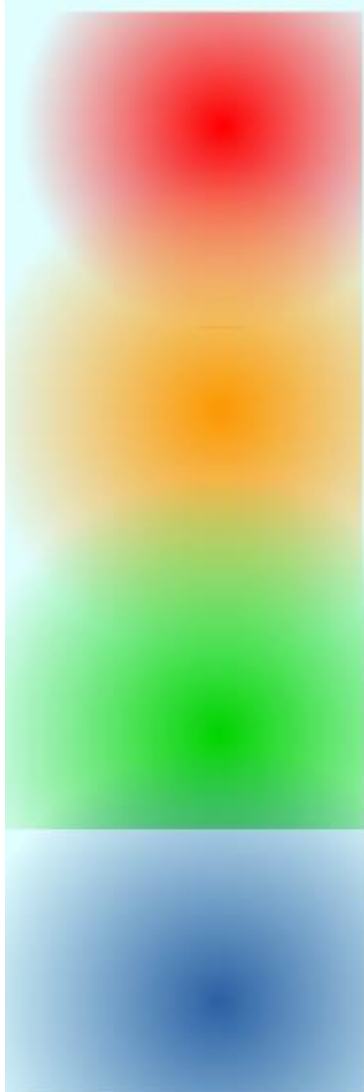
Amber indicates things that are important to me



Green indicates my likes and dislikes



Blue indicates extra information about Communication needs



My Details



me

My name is:

You can call me:

My preferred pronouns:



birthday

My Birthday:

My Address:



home

My Contact Number:



religion

My Religion:

My Ethnicity:



GP

My GP's Address and contact details:

My important adults



family

Their Name(s) is / are:



carer

Relationship to me:

Their address and contact details:



support

How this person supports me and what they need

Other important people in my life

Date Completed:

Name:

My health at a glance



health

I have:

Learning Disability

Autism

ADHD

Physical Disability

Epilepsy

Mental Health

I also have the following care plans:

last updated:

Advanced Care Plan (ACP):

Epilepsy Care plan:

Respiratory Care Plan:

Dysphagia Care Plan:

Other care plans:

Professionals involved in my care



Please remember to tell my team that I have been admitted to hospital – they may have information to help you.

Please remember to send my discharge summary to my specialists when I go home

Professional	Name and contact details
Paediatrician	
SALT	
Community nurse	
School nurse	
Dietician	
O.T	
Care manager	
Social worker	
Behavioural specialist	
Physiotherapist	
Psychologist	
Family support worker	

Date Completed:

Name:

My likes and dislikes

Just like everyone else, there are lots of things I do and don't like. Understanding these will make me more comfortable in hospital.



like

Things I like



dislike

Things I don't like

My Anxieties and Worries



anxious

If I feel anxious I will

Date Completed:

Name:

Information you must know about me: My Medical History

Or your adult could attach a copy of your recent clinic letters here



medical



notes

Date Completed:

Name:

Information that is important to me: My Communication and mobility



communication

My communication

See later page for more information about communication



support

Seeing and hearing



pain

How will you know if I am in pain?



move

How I move around

See later page for more information about mobility

How I Sleep



sleep

Sleep set up: Cot bed specialist bed
cuddle bed sleep system

Positioning

Sleep medication

Sleep Times

White noise / night light

Overnight breathing support

Date Completed:

Name:

Information that is important to me: Personal Care - Eating & Drinking

Eating



eat

I eat by mouth

can feed myself need help to be fed

Regular meals modified textures IDDSI level:

By feeding tube (NG / PEG / Jejunostomy)

Drinking



drink

I drink by mouth

can hold my own cup need help to drink

thickened fluids IDDSI level:

By feeding tube (NG / PEG / Jejunostomy)

I have an eating and drinking plan from my Speech therapist

I have a meal plan from a dietician



food

My favourite foods / typical food and fluid for a day is:

Date Completed:

Name:

Information that is important to me: Personal Care – Personal Hygiene



personal care

Washing and dressing



oral care

Oral Care



toilet

How I use the toilet

Independent supported hoisted in pads / nappies



Staying safe

Date Completed:

Name:

Information that important to me: How I Communicate



communicate

When speaking to me please:

- Speak to me normally – I can understand you
- Speak to me in simpler terms
- Also use sign / pictures / gestures to be understood
- Make sure I have my hearing aids

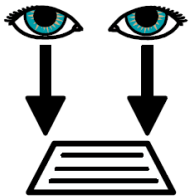
Please be aware

- Please be patient I need extra time to think and answer you
- I might say I understand you when I don't



I can communicate to you by:

- Speech
- Sign / Gestures
- Eye pointing / looking to choice
- Using my communication aid
- Facial expression



Written information

- I can read
- I can read with extra support
- I need large font
- I can write I am right / left handed



happy

When I am happy I will



sad

When I am sad or distressed I will

Date Completed:

Name:

Information that is important to me: How I move around



Without any equipment I can



walker



wheelchair

The equipment I use is:

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Splints | <input type="checkbox"/> Gaiters |
| <input type="checkbox"/> Walker frame | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Rotunda | <input type="checkbox"/> Hoist |



With my equipment I can:



This is what I can do with my hands

Date Completed:

Name: