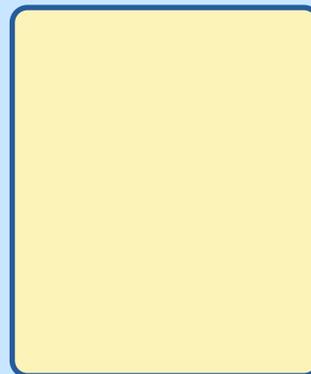


This is my Hospital Passport

For people with learning disabilities coming into hospital

My name is



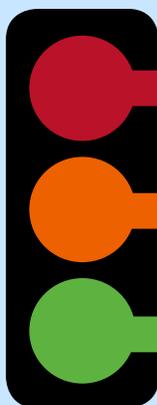
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

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 doing any tests or treatment.



Things you **must** know about me

Things that are **important** to me

My **likes** and **dislikes**

Date:

Review date:

Adverse drug reactions, allergies or alerts:

Things you **must** know about me



Name:

Likes to be known as:



Date of Birth:

URN number:



Address:



Telephone number:



How I communicate and what language I speak:



Family contact person, carer or other support:

Relationship: Mum, Dad, Home Manager or Support Worker:



Address:



Telephone number:



Do you need an interpreter? Yes No



Other people important in keeping me safe or well:

Name	Role / Profession	Tel. number
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Date completed:

By:

Things you **must** know about me



Religion:



Religious or Spiritual needs:

Ethnicity:



GP:

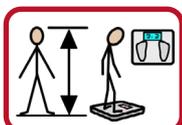


Address:



Telephone number:

**Other services
professions involved
with me:**



Height:

Weight:

BMI:



Medical tests: how to take my blood, injections, blood pressure



Heart problems:



Breathing problems:

Date completed:

By:

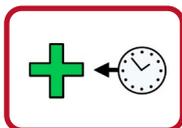
Things you **must** know about me



Dysphagia, risk of choking: eating, drinking and swallowing



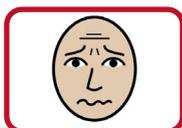
Medication I take now:



My medical history:



My care plans and risk assessments:



What to do if I am worried and anxious:

Date completed:

By:

Things that are important to me



How to communicate with me:



How I take medication: whole or crushed tablets, injection or syrup



How you know I am in pain:



Moving around: posture in bed, walking aids, assistance



Personal care: washing, dressing, help

Date completed:

By:

Things that are important to me



Seeing and hearing difficulties:



How I eat: modified diet, risk of choking, help needed, special cutlery



How I drink: thickened fluids, help needed, special cups or straws



How I keep safe: bed rails, support with behaviour that is challenging



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



Sleeping: sleep pattern or routine

Date completed:

By:

My likes and dislikes

Likes:

What makes me happy, things I like to do. My routines. Things I like to eat and drink.

Dislikes:

What makes me upset. Sounds, loud noises, or touch. Places to avoid. Foods and drinks I do not like.



I like: please do this



I do not like: please do not do this

Date completed:

By:

Capacity and Consent



Please talk to me about any medical decisions:

Or speak to:



Their relationship to me is:

They will help me understand about any treatment I might need.



Please think about if any best interest decisions need to be made and make sure the Capacity and Self Determination Law (2016) is followed.



Is there a **Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR)** in place?

In place:

Not in place:

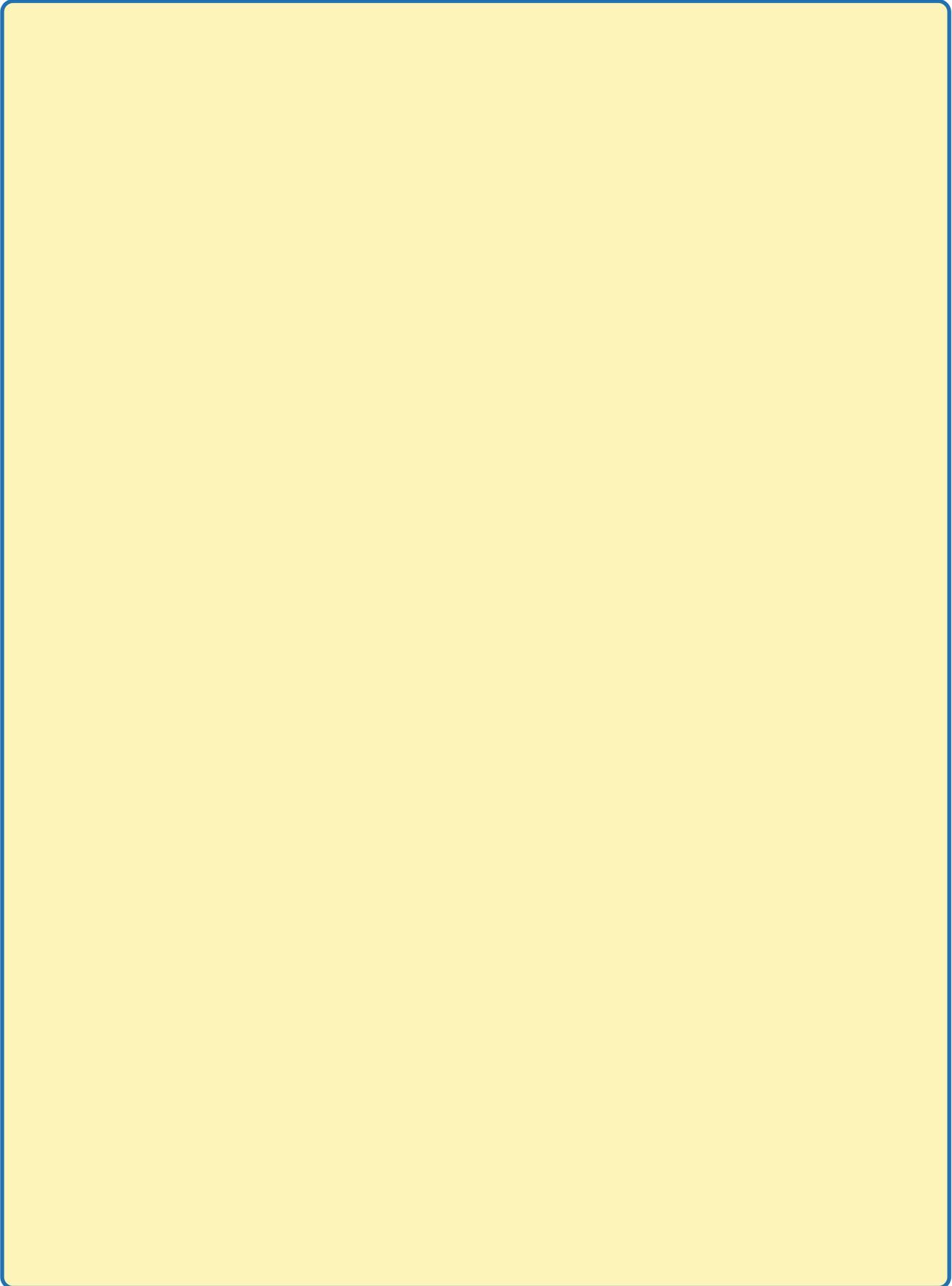


Date in place from:

Date last reviewed:

People involved in decision:

Notes



For more information

Adult Learning Disability Service

Telephone: 01534 445600

Email: learningdisabilityservice@health.gov.je

Community and Social Services

Second Floor Eagle House, Don Road, St Helier, JE2 4QD

Jersey General Hospital

For all departments

Telephone: 01534 442000

**Learning Disability Hospital Liaison Nurse:
Libby Paisley**

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This Hospital Passport has been made into 'easy read' but some words cannot be changed for medical or other reasons.

**Please contact the Adult Learning Disability Nurse Team
if you have any questions about the passport**