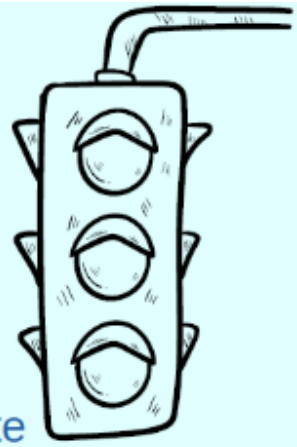
This is my **hospital passport**

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'm 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

My name is:

You can call me:

My preferred pronouns:

My Birthday:

My Address:

My Contact Number:

My Religion:

My Ethnicity:

My GP's Address and contact details:

My important adults

Their Name(s) is / are:

Relationship to me:

Their address and contact details:

How this person supports me and what they need

Other important people in my life

Date Completed:	Name:

My health at a glance

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


medical


notes

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

Date Completed: Name:

Information you must know about me:
My Medicines and Allergies

Medicines include things by mouth / feeding tube, but also creams, inhalers, nebulisers etc

medicines

I need my medicines as:

☐Tablets by mouth ☐Liquid by mouth

☐Given down my feeding tube ☐Suitable for ketogenic diet

Your adult could fill in here or attach a copy of your latest clinic letter / repeat prescription slip

Medication	Dose/Time	Route & form

My Allergies

allergies

Allergy	Reaction / treatment needed

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


sleep

How I 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

Washing and dressing

Oral Care

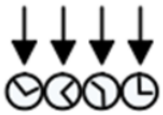
How I use the toilet

☐Independent ☐supported ☐hoisted ☐in pads / nappies

Staying safe

Date Completed:	Name:

Information that is important to me:
My typical day



Or provide a copy if you already have this written out

Time	Activity	Who helps me with this activity	How long this takes
e.g 7am	*Shower*	*2 people - hoist*	*45mins*

Date Completed: Name:

Information that important to me:
How I Communicate

When speaking to me please:

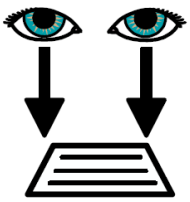
- ☐ Speak to me normally – I can understand you
- ☐ Speak to me in simpler terms
- ☐ Also use sign / pictures / gestures to be understood
- ☐ Make sure I have my hearing aids

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

When I am happy I will

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:

☐Splints	☐ Gaiters
☐Walker frame	☐Wheelchair
☐Rotunda	☐Hoist

With my equipment I can:

This is what I can do with my hands

Date Completed:	Name:

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