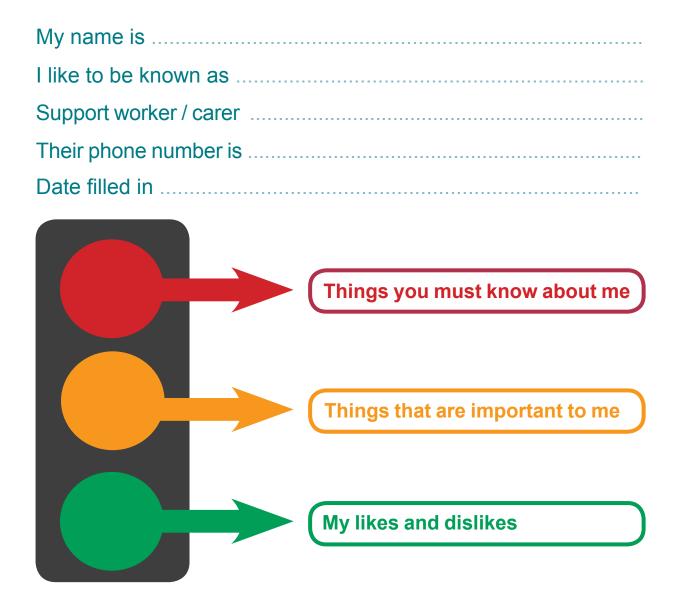


This is my Hospital Passport

For hospital staff

- Please look at my passport before you talk to me or offer me any treatment
- Please keep this booklet by my bed
- · Make sure all the nurses caring for me read it
- Consent I may need more time and help to say **yes** or **no** to treatment



This Passport belongs to me Please return it to me when I go home

For Hospital STAFF

This booklet is filled out by the patient with support from a carer or support worker. They can bring it with them into hospital. The main purpose of this booklet is to provide hospital staff with three types of information in a format that is quick and easy to use.



The aim of the booklet is to make sure that people with learning disabilities can tell staff what support they need.

People with learning disabilities are twice as likely as the general population to be admitted into hospital. Communication between the person and their health staff has been found to be a major obstacle to the provision of good health care to people with learning disabilities.

Things you must know about me



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GE	 	 	



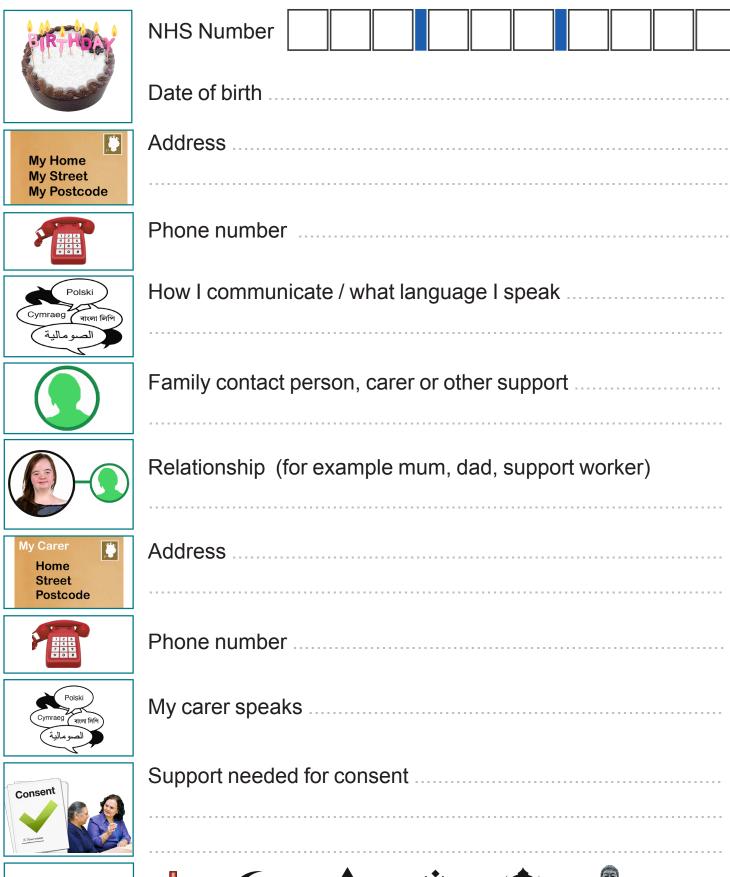
Address	 	







Community team or other services who take care of me



Religion













Other

My End of Life plan	End of life care plan (please tick Yes or No) Yes, I have an end of life plan
	Current medication
Epilepsy Look after your heart	Current medical conditions
Notes	

	Behaviours that may cause risk
1	
2	
3	
	Triggers for behaviour
TE II	
	Heart condition
	Breathing difficulties
	Dreating difficulties
	Eating and drinking difficulties (risk of choking, dysphagia)
	3 • • • • • • • • • • • • • • • • • • •

	Things I am allergic to (allergies)
Butter	
	Things I am scared of (fears and phobias)
	How to make treatment easier (for example blood tests, injections, giving medication)
i i i	

Things that are important to me

		How I'd like you to communicate with me
		(For example use eye contact, easy words, speak slowly)
	2	
		How I let you know I'm in pain
	Contract and Contr	
		Understanding
		(Please use pictures, communication passport)
	Info	
	Cread End	
		Seeing and hearing
	TTY	
١		

Things that are important to me

	My ounpart (who peeds to stay with me when and have
	My support (who needs to stay with me, when and how they support me)
Support	
	My mobility (position in bed, chair, walking aids)
	Food and drink support (size, consistency and assistance)
	How I take my medication

Things that are important to me

	Toilet (continence aids, support)	
	Personal care (washing, dressing, looki	
	Sleeping (pattern and routine)	
B		
	Keeping me safe and comfortable	
	Planning for when I go home (please not following people are involved)	nake sure that the
	Name	Phone Phone



Things I like

What I like (please do this)

what makes me happy, what I enjoy doing, how I like people to talk to me, food I like, routines, important possessions

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Things I don't like

What I don't like (please don't do this)

what makes me sad or upset, what I don't like doing, food I don't like, how I don't want people to talk to me, bad touch, worries

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