



HOSPITAL PASSPORT

When you come into hospital we want to make sure that we care for you really well. This passport gives hospital staff important information about YOU and a brief account of any additional needs you may have that the staff taking care of you may not know

Please take it with you if you have to go into hospital. Make sure that all the staff who need to know about the information read it

ALL NURSES and MEDICAL STAFF MUST READ THIS INFORMATION

I have someone who supports me, their name is:

Their telephone number is:

Please involve them (see page 2)

Date completed:

Completed by:

Relationship/Designation:



Carer Information

A carer is anybody that looks after you. They may be paid to do so, or they may be a friend or member of your family

Carers details

Name of carer:

Address:

Telephone number

Carer involvement:

I want my carer to be involved in the decisions made about my care including:

Support while I am in hospital with personal care

Support while I am in hospital at meal times

My discharge planning

Any decisions made about my care while I am in hospital

While _____ is in hospital I will provide the following support as their carer:

Signature: _____ Date: _____

RED ALERT
Things you must know about me

My name:

Telephone number:

Date of Birth:

NHS number:

My religion:

Name of Doctor: Dr

Practice:

Contact number:

If you need to contact someone who knows me really well please contact:

Name:

Relationship:

Contact Number:

Allergies:

Current Medication:

Brief Medical History:

Level of communication/ comprehension:

Medical Interventions – how to take my blood, give injections, medication, BP etc.

Heart(heart problems): Breathing (respiratory problems): Choking:

AMBER

Things that are really important to me

Communication/Information Sharing

How to communicate with me, how to help me understand things

Seeing/Hearing

How to communicate with me, how to help me understand things

Eating (swallowing)

Food cut up, choking, help with feeding

Drinking (swallowing)

Small amounts, choking

Going to the Toilet

Continence aids, help to get to the toilet

Moving around

Posture in bed Walking aids

Taking Medication

Crushed tablets, injections, syrup

Pain

How you know I am in pain

Not feeling myself

If I am bored, upset, worried, lonely or need some attention

Sleeping

sleep pattern/routine

Keeping safe

Bed rails, sitting, controlling behaviour, absconding

Personal care

Dressing, washing, dentures, glasses, hearing aid etc.

Level of Support

Who needs to stay and how often

GREEN

Things I would like to happen Likes and Dislikes

Think about - what upsets you, what makes you happy, things you like to do; i.e. watch TV, reading, listening to music. How you want people to talk to you (don't shout). Food likes and dislikes. physical touch, restraint, special needs, routines and things that keep you safe



Things i like

Please do this:



Things i do not like

Don't do this:

How to take my new medication

Date completed:



What is my medication called?



Why am I taking this medication?



How will it help me?



When can I stop taking my medication?



What if I forget to take my medication?



What about side effects?



What other important things do I need to know?

All my medications

 What is my medication called?

 What I call it and what does it look like?

 How much should I take?

 When do I take my medication?

Breakfast

Lunch

Evening Meal

Bedtime

 How do I take it?

 Where do I keep it?

DISCHARGE/ADVICE SHEET

Patient Name:

Date Admitted:

Doctor/Consultant Nurse:

Date Discharged:

Ward/department:

GP's Name:

 Is a discharge letter being sent to the GP? Yes No
If yes, who is to send it? Hospital Patient Carer

 What have I had done?

 Have I understood what has happened? Yes No

If no, has it been explained to a carer or the person with me? Yes No

 Have my needs changed? Do I need anything extra?
(eg. aids, equipment, catheter, PEG, swallowing, diet, mobility, etc.)

 What do I need to do now?
Are there any signs/symptoms/problems to watch for?
(e.g. taking medications/ follow-ups/referrals made or needed etc.)

 Who do I contact if I have any problems?