









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:

Consent: Are you happy for us to share your information? please tick a box













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 you 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 ALERTThings you must know about me

My name:			
Address:			
Telephone number:			
Date of Birth:			
NHS number:			
My religion:			
Name of Doctor: Dr			
Practice:			
Contact number:			
Allergies:			
Have you had a mental health input? ☐ yes ☐ no If yes when			
Current Medication:			
Heart(heart problems): ☐ Breathing (respiratory problems): ☐			
Choking: □			

□ RED ALERT Things you must know about me

Brief Medical History:

Reasonable Adjustments:

How to help me in hospital,— how to take my blood, give injections, dislike of crowds or loud noises.

□ AMBER Things that are really important to me



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



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

Eating (swallowing)

Food cut up, choking, help with feeding



Small amounts, choking



Continence aids, help to get to the toilet



□ AMBERThings that are really important to me



Crushed tablets, injections, syrup



How you know I am in pain



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



sleep pattern/routine



Bed rails, sitting, controlling behaviour, absconding



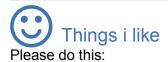
Dressing, washing, dentures, glasses, hearing aid etc.

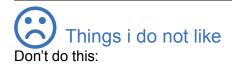


Who needs to stay and how often / Do I need easy read information

□ 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





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?		
Plow 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 Glub If yes, who is to send it? Hospital □	P? Yes □ No □ 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	?		