



Hospital Passport

My name is;

I like to be called;

My NHS Number is;

Please read, important information about me.

It needs to be at the end of my bed. A copy should also be put in my notes.

If I need support before or during my stay in hospital the liaison nurses may be able to help. Contact them on:

Brian Evans – 01229403795 Morecambe Bay Hospitals

If I need support after I leave hospital the **Community Learning Disability Team** may be able to help.

Contact them on: **Barrow-01229 404524 or**

Lancaster-01524 550330/1

CONSENT TO INFORMATION SHARING AND IMPORTANT INFORMATION

This Hospital Passport should be completed by you and the people who know you best. By filling it in, you are consenting to your information being shared with the hospital and the staff who are caring for you.

The Hospital Passport gives the hospital staff important information about you including any Reasonable Adjustments you may need to ensure that you get the best care, given in the right way for you. You can ask the hospital to take a photocopy and keep it in your file, a copy will be kept on the hospital computer to make sure hospital staff can access the information quickly if you forget to bring your Passport when you come to hospital.

Before you leave hospital make sure the Hospital Discharge Information Plan has been completed and remember to take your Hospital Passport home with you.

Once you are home you may also want to fill in the Have Your Say questionnaire to tell the hospital about your experience. This will help them to improve their service.

Please let your local Community Learning Disability Team (CLDT) know that you are going into hospital as the Community Learning Disability Nurses will be able to offer you advice and support before, during and after your hospital stay.

South Cumbria Community Learning Disability Team-

01229 404524

Lancaster Community Learning Disability Team-

01524 550330/1

Alternatively contact the Hospital Learning Disability Specialist Nurse, Brian Evans

01229 406793 or 078135 36877

You can also discuss any worries or concerns you may have with the manager of the ward or department you are attending.

Any decisions made about your capacity to consent to treatment, best interests and resuscitation status must be made in consultation with you, your carers and other professionals.

I consent to this information being shared with the Hospital and agree to the Hospital saving this Hospital Passport electronically;

NAME	SIGNED (by the person or in their best interest in accordance with MCA (2005))	DATE

Mental Capacity Act 2005



Never assume I lack capacity, if unsure undertake a capacity assessment on the Trust template before making decisions on my behalf.

If it has been assessed that **I lack the capacity to make a specific decision** about my care or treatment a **formal Best Interest decision** must be made and documented on the trust template, this decision should be made with people who know me well, **the person proposing and carrying out the treatment will be the person that will sign the consent form.**

NAME OF THE PERSON WHO SHOULD BE CONSULTED AND INVOLVED IN THE CAPACITY ASSESSMENT AND BEST INTEREST DECISION PROCESS:

RELATIONSHIP:

PHONE NUMBER:

If treatment or physical intervention is needed has this been agreed in best interest and recorded accordingly? (Please circle)

Yes

No

DATE AGREED:

If physical intervention is required during my stay in Hospital my family and/or carers need to consider how this can be implemented and recorded. All Physical intervention Plans should be shared with Hospital staff prior to or during the admission process. Hospital staff will not engage in physical Intervention unless the safety of the patient or others is in serious and immediate risk.

Reasonable Adjustments

(HOW BEST SUPPORT ME)



Reasonable adjustments that need to be made when going into hospital

For example –a side room, my carers to be able to come and support me to help me communicate etc., if planned procedure make provisions with me, family/carers to discuss my specific needs beforehand, prior visits to help with familiarity/de-sensitisation.

Identified adjustment

Reason/Rationale

Things **you must** know about me

(Personal details)



Date of Birth



Address



Telephone



Current Living Environment



Primary contact

Relationship



Address



Telephone



Current Diagnosis

(Current living environment e.g Flat, bungalow, 24 hour support.)

– e.g. level of Learning Disability and any other physical or mental health conditions.

Things **you must** know about me

(Personal details)



Religion



Religious needs

Ethnicity



Dr GP

Address



Telephone



Other services and professionals involved with me



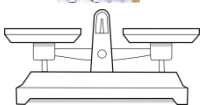
Allergies



Risk of choking when eating, drinking or swallowing



Height -



Weight -

Things **you must** know about me (My Health and Wellbeing)



**My heart or
breathing problems**



**Medical
interventions (how
to take my blood,
blood pressure,
give injections)**



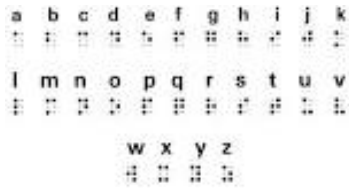
**My current
medication**

Medication correct at time of entry. Please check my current medication (ask for a MAR sheet).



**Operations and
illnesses I have had**

Things **you must** know about me (How I communicate)



Do I have a Communication Passport (please Circle)

YES

NO

If yes please ask my family/carer for a copy it is very important that you communicate with me consistently

How to communicate with me
(e.g. speaking, signing, pictures, simple sentences)

How I communicate
(e.g. any communication aid they may use etc.)

Things **you must** know about me
(How to support me if I'm worried or upset)

When I'm happy I will;

How to support me to be happy

When I start to get upset or angry I will;

How to support me to keep calm and be
happy (consider pain relief)

When I'm angry and upset I will;

How to support me when upset

Things that are **important** to me (Daily Activities)



**Problems with my
sight and hearing**



**How I move around
(such as walking
aids, posture in
bed)**



**My personal care
(such as dressing,
washing)**



**How I use the toilet
(such as
continence aids,
help to get to the
toilet)**

Things that are **important** to me (Daily Activities)



How I eat (such as needing food cut up, risk of choking, help with eating)



How I drink (such as small amounts, thickened fluids)



How I sleep (such as sleep patterns, routines)



What support is best for me to keep me safe

Do I wander
Could fall out of bed
Do I need bed rails
I need routine and predictability

Things **you must** know about me

Things I like

e.g. what makes me happy, things I like to do such as watching TV, reading, music and my routines

Things I don't like

e.g. crowds, loud noises, some food and being touched.

Things I like



Please do these things

Things I don't like



Don't do these things

Completed by:

Date:

Review Date:

Discharge

What people need to do before I leave hospital:

When planning for me to go home you need to talk to:
Example Social Worker, Care Manager, Family

I will need transport to get home from hospital:
(Please circle)

Yes

No



What's changed?

About my health, medication and support needs?

What do I need now?

To make sure my changed needs around health, medication or support are met?
(E.g. ask pharmacy to make sure my medication is in a blister pack when I am discharged)

When I am given my discharge letter/information, if it is felt I am unable to understand the contents you must ensure my family/carers receive the information.

**This passport belongs to me.
Please return it when I am discharged.**