

My Hospital Passport

For people with a learning disability coming to Princess Alexandra NHS Trust

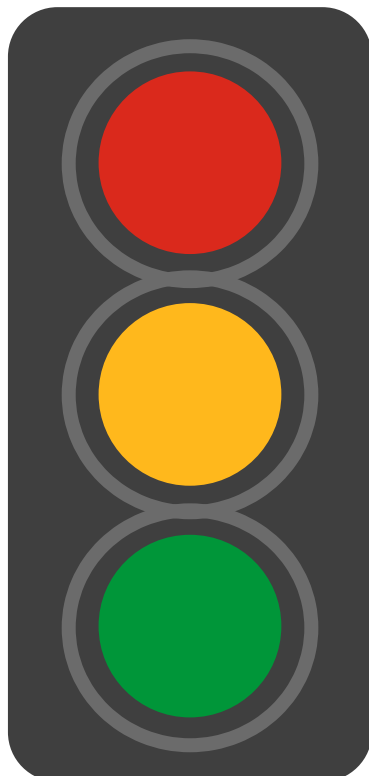
My name is:

I like to be known as:

My Hospital Number is:

My NHS Number:

This book gives hospital staff essential information about me. Nursing and medical staff please look at it before you do any interventions with me. Please keep it at the bottom of my bed and use it to plan my care.



Red: Important things you **must** know about me

Amber: Things that are important to **me**

Green: Things I like and dislike

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Red: Important things you **must** know about me

Name:

Hospital number:

I like to be called:

NHS number:

Address:

Telephone number:

Date of birth:

Religion:

Marital status:

Next of kin:

Relationship:

Contact number:

Main carer:

Relationship:

Contact number:

Key worker/Social worker:

Contact number:

Best person to contact for information about:

My medical condition -
Allergies, medication etc

Vital information -
Resuscitation status, consent

Social issues
Home and discharge issues

Details of:

Diagnosis

Current medical condition

Allergies

Medication

Medical history

Heart problems

Breathing problems

Epilepsy/fits

Risk of choking

Level of understanding / capacity to consent

Behaviour that may cause risk

Behaviour that may be challenging

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Amber: Things that are important to me

How to help me with medical interventions

Taking observations

Taking blood

Giving me medication:

- **Medicine (cup, spoon, syringe)**
- **Tablets (crushed, in food)**
- **Suppositories**
- **Enemas**

Giving me an injection

Being examined by a doctor/nurse

Having a x-ray or scan

Dressing my wound

Removing clips/stitches

Helping me to move

I can stand:

- Unaided
- Unaided with Crutches Sticks Frame (delete not applicable)
- With help of one person
- With help of two people
- I can move unaided but may choose not to
- I may run off suddenly if I am upset

I transfer:

- Independently
- With assistance
- Banana board
- Hoist

I use a wheelchair: Type:

- Always
- Outdoors only
- For travelling in an adapted vehicle
- I need a photo of where we are going, to help me understand

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Communication

How I can Communicate with you:

- Verbal/Non-Verbal
- Speech
My first language is
- Facial expressions
- Eye pointing
- Signing
Makaton
Finger spelling
British sign language
- Pictures / symbols
- PECS
- Objects of reference
- Computer generated speech

Drinking

- I am at risk of choking **YES / NO**
- I use **Cup Mug Glass Straw Beaker with a lid**
- I need help **YES / NO**
- My drinks need to be thickened **YES / NO Grade**

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Eating

- I am at risk of choking **YES / NO**
- I can feed myself **YES / NO**
- I use: **Knife and Fork** **Dessert Spoon** **Small Spoon**
- My food needs to be: **Cut up** **Mashed** **Pureed** **Liquidized**

Going to the Toilet

- I can use the toilet **Unaided / with help**
- I wear pads **All the time / at night**
- I wear a conveen **All the time / at night**
- I suffer with constipation **YES / NO**
- I use: **Suppositories** **Enemas** **How often?** _____

Sleeping

- I sleep in the following position:
- My usual sleeping pattern is:

Keeping me safe

- I need: **Bed rails** **Bed rail covers** **Low bed**
- I may wander **YES / NO**
- I am at risk of falling **YES / NO**
- I sometimes exhibit unpredictable behaviour that may put me or others in danger
- I have no sense of danger **YES / NO**

Personal care

- I am independent with my personal care **YES / NO**
- I need help with: **Washing** **Cleaning teeth** **Shaving** **Hair care**
- I prefer to take: **A bath** **A shower**

Pain

- You will know if I am in pain because I will:
- I am unable to communicate that I am in pain **YES / NO**
- I may choose not to communicate to you that I am in pain **YES / NO**

Level of support

- I need someone I know to stay with me

All the time (24 hrs)

During the day

During the night

Because:

Seeing and Hearing

- I am sight impaired **YES / NO**

- I am hearing impaired **YES / NO**

I wear:


- A hearing aid **Left Right Both Ears**

- Glasses **All the time For Reading For watching TV**

I have sensory processing difficulties which may cause me to react to certain:

- sounds
- lights
- touch
- smell

(Please give details)

Green: Things I like 		Things I do not like 	
Food		Food	
Drink		Drink	
Snack/ sweets		TV programmes	
TV programmes		Music	
Films / DVDs		Things that make me sad	
Music			
Books / magazines		Things that make me anxious	
Hobbies			
Things I like to wear		Things that make me scared	
What makes me happy?			
People I like		Ways I don't like to be treated	
My pets			
Other things I like		Other things I like	

My usual routine

I usually wake up at:

I get up at:

I have my breakfast at:

I wash and get dressed at:
(Before or after breakfast?)

I usually spend the morning doing:

I have my lunch at:

I usually have a drink at the following times:

I spend the afternoon doing:

I have my evening meal at:

Before bed time I:

- Have a drink of
- Have a snack of

My usual bed time routine is:

I usually go to bed at:

I go to sleep at:

During the night I need:

Other information