

CONFIDENTIAL

Hospital Passport

If I have to go to hospital this document needs to go with me because it will help staff to support me in an unfamiliar place and when I struggle to tell them important things about me.

My name is:

My birthday is:

My NHS/Hospital Number is:

This document needs to be available at my bedside <u>and</u> a copy should also be put in my notes.

Please make sure that I take this copy home with me

This form can be completed by me or anyone who knows me well

Date completed:

By whom:

Relationship to person:

For support and advice involving Learning Disabilities, Dementia or other Mental Health conditions during your visit to this hospital please contact our Liaison Team on extensions 4900 and 4887.



1. I like to be called:



2.When I am in hospital I would like the person/carer who knows me best with me; e.g. Family Member, District Nurse, Other Service:



3. My religion and beliefs are:



4. How we can communicate, my language, how I can let you know I am in pain, etc.:



5. What my usual day would be:

Morning

Afternoon

Evening

Bedtime/Night Time



6. Any problems with seeing or hearing:



7. Please consider the following: my current medication, how I take it, any allergies I have and also consider the best ways of taking my blood pressure, taking blood, giving me injections, etc.



8. My personal care: dressing, washing, going to the toilet and the help that I may need with these.



9. How do I eat and drink?: food allergies, small amounts, thickened fluids, risk of choking, gastroscopy and the help I may need.



10. My sleeping: my routine, wandering, do I need bed-rails to keep me safe.



11. Ask me if there is something I would like to know, e.g. where the toilet is, when a treatment is, how the call bell works, how to get a drink.



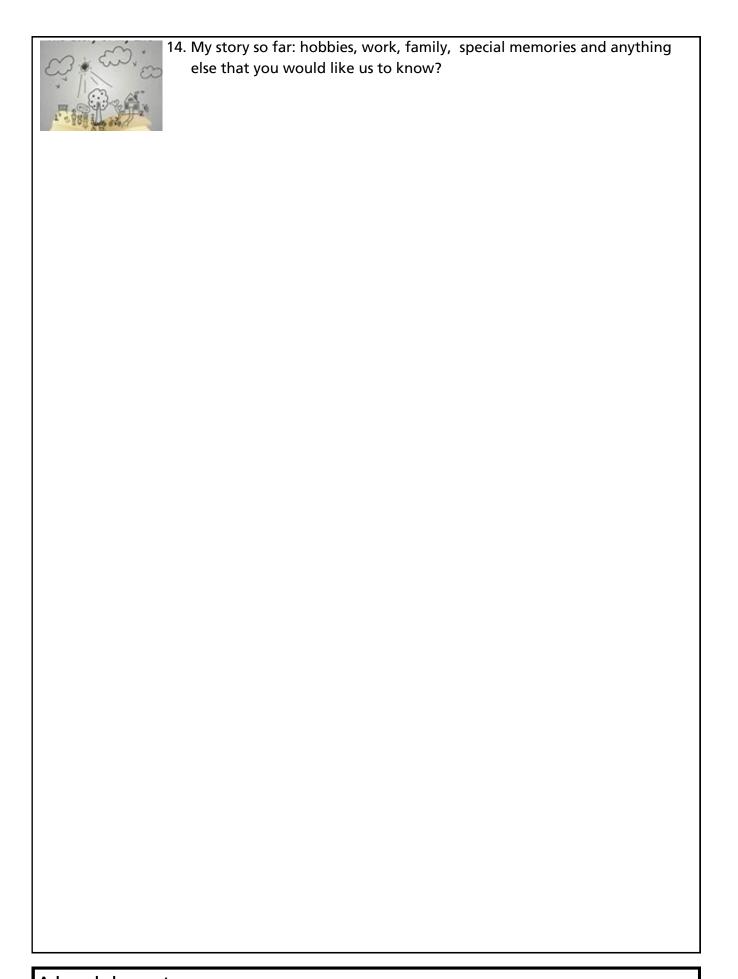
12. How can you tell if I am anxious or upset, and what makes me feel better:



13. What do I like and dislike: food, noise, things that upset me, reading, drawing, music.



DISLIKES:



Acknowledgements:

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