

Hospital Passport

For people with Learning Disability

- This profile document gives hospital staff up-to-date important information about you.

- Please take this document with you if you have to go into hospital.

- Give it to a nurse when you arrive and ask for it to be put in the front of the Nursing notes, for other nurses to see.

- Important medical decisions about your quality of life must be made in consultation with you, your family, carers and/or other professionals. This includes resuscitation status.

- It is the responsibility of _____ (main carer/keyworker) to keep this document up to date.

- The Acute Learning Disability Nurse Advisor Service is for inpatients and out patients within Aberdeen Royal Infirmary/Woodend. The nurse is based at Elmwood and can be contacted on 01224 557140 or 557130

NAME: Likes to be known as:	DATE OF BIRTH:	NHS No:
ADDRESS:		Telephone No:
G.P.:	PRACTICE ADDRESS:	
NEXT OF KIN:	RELATIONSHIP:	Telephone No:
ADDRESS		
RELIGION:	RELIGIOUS REQUESTS:	
CARER ACCOMPANYING TO HOSPITAL:	RELATIONSHIP:	
ADDRESS:	TELEPHONE No:	
Needs/requests for carer accompanying person to hospital i.e. meal breaks, accommodation, etc:		
MEDICAL HISTORY (Epilepsy, Cerebral Palsy). Please attach copy of care plan if epileptic.		
COMMUNICATION NEEDS (No speech, blind, deaf):		
SIGNS OF ANXIETY OR STRESS (body language, pacing, vocalising)		
DIETARY NEEDS/DYSPHAGIA ISSUES (Gluten-free, diabetes, specialised diet, history of choking)		
LEVEL OF COMPREHENSION/CAPABILITY TO CONSENT:		
PAIN-YOU MAY NOT BE AWARE OF MY PAIN. SIGNS INCLUDE (Does a DisDat pain tool need to be completed?)		

THINGS THAT ARE REALLY IMPORTANT TO ME:
(Please specify ability and level of assistance required for:)

Communication

How to communicate with me. (Speech, simple sentences, gestures, symbols, makaton)

Information Sharing

How to help me understanding things.

Eating (swallowing)

Food cut up, choking, help with feeding.

Drinking (swallowing)

Small amounts, choking

Going to toilet

Continence aids, help to get to toilet.

Moving around

Posture in bed, walking aids.

Taking medication and Medical Intervention

Crushed tablets, injections, syrup. How to take blood, give injections, temp, BP etc.

Behaviours that may challenge or cause risk.

Sleeping

Sleep pattern, sleep routine

Keeping safe

Bed rails, controlling behaviour, absconding, awareness of danger

Personal care

Dressing, washing etc

Level of support

Who needs to stay and how often

RELEVANT LIKES AND DISLIKES

WHAT ARE THE THINGS THAT MAKE YOU HAPPY, THINGS YOU LIKE TO DO.

HOW YOU WOULD LIKE PEOPLE TO TALK TO YOU.

FOODS THAT YOU LIKE OR DISLIKE.

THINGS THAT YOU DO NOT LIKE, eg bloods taken, white coats, needles

LIKES	DISLIKES

CURRENT MEDICAL CONDITIONS

CURRENT MEDICATION:

ALLERGIES: (medication, latex, food etc)

PROFESSIONALS INVOLVED AND CONTACT DETAILS:

Signature:

Date: