



## 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

Yes



No







## 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 ALERT**

**Things 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**

#### Communication/Information Sharing

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

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#### **W Seeing/Hearing**

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

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#### **5 Eating (swallowing)**

Food cut up, choking, help with feeding

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#### **7 Drinking (swallowing)**

Small amounts, choking

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#### **Going to the Toilet**

Continence aids, help to get to the toilet

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#### **8 Moving around**

Posture in bed Walking aids

**AMBER**

## Things that are really important to me

 **Taking Medication**

Crushed tablets, injections, syrup

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 **Pain**

How you know I am in pain

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**Not feeling myself**

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

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**Sleeping**

sleep pattern/routine

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**Keeping safe**

Bed rails, sitting, controlling behaviour, absconding

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**Personal care**

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

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**Level of Support**

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

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#### Things i like

Please do this:



#### Things i do not like

Don't do this:



# How to take my new medication

Date completed:

 What is my medication called?

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 Why am I taking this medication?

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How will it help me?

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When can I stop taking my medication?

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What if I forget to take my medication?

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What about side effects?

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What other important things do I need to know?

## All my medications

 What is my medication called?

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What I call it and what does it look like?

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How much should I take?

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When do I take my medication?

Breakfast

Lunch

Evening Meal

Bedtime

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How do I take it?

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Where do I keep it?

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# DISCHARGE/ADVICE SHEET

Patient Name:

Date Admitted:

Doctor/Consultant Nurse:

Date Discharged:

Ward/department:

GP's Name:

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Is a discharge letter being sent to the GP?      Yes       No

If yes, who is to send it?      Hospital       Patient       Carer

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What have I had done?

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Have I understood what has happened?      Yes       No

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If no, has it been explained to a carer or the person with me?      Yes       No

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Have my needs changed? Do I need anything extra?

(eg. aids, equipment, catheter, PEG, swallowing, diet, mobility, etc.)

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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.)

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Who do I contact if I have any problems?