

A collaboration between Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust and Royal Berkshire NHS Foundation Trust.

Hello, my name is

I like to be called

PLEASE USE MY NAME WHEN YOU SPEAK TO ME.
PLEASE TELL ME YOUR NAME.

Completed by:

Date:

*Insert photo
of your child
here*

MY HEALTHCARE PASSPORT - PREFERABLE INFORMATION

Information about my likes, dislikes and comfort issues

Things I like



Things I don't like




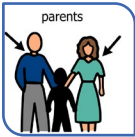







Things that make me feel safe and comfortable



Things that will make my time in clinic, in an ambulance, or in hospital better



Name		Date of Birth	
Address			
Parent/Carer Names			
Telephone Number(s)			
Siblings/people who are important to me			
NHS Number			
Preferred language (including non-verbal, sign languages, Makaton, PECS etc.)			
Religion			
Any symptom or care plans			
EHCP (Education, Health and Care Plan)	Yes	No	
ACP (Advanced Care Plan)	Yes	No	
Other (please list eg feeding, seizure)	Yes	No	
Do you have a Blue Badge  on behalf of your child	Yes	No	

NOTE TO STAFF

Has this been scanned and uploaded to the Electronic Patient Record as a 'Healthcare Passport'?
 For OUH this is as a 'Healthcare Passport' Note Type, with a flag manually added via the problem list.
 If not, for assistance please email it to learning.disability@ouh.nhs.uk. For RBH please email it to rbb-tr.cat7@nhs.net.

MY HEALTHCARE PASSPORT - ESSENTIAL INFORMATION

Very important information you must know about me

About me (Include a bit about diagnosis, medical conditions and my past medical history but focus on me and what makes me a unique and special person. Are my usual temperature and heart rate in the expected range for my age?)



Medicines I take (How do I take medicines eg by mouth or by gastrostomy? Am I allergic to any medicines and what can't I have? Am I allergic to anything else like animals, soap or pollen? Am I sensitive to other things like perfume or smells? This is not a medication list or allergy record and your nurse or doctor will always ask for up to date information about this.)



How I communicate (Do I talk, use signs, or pictures? Do you know how I'm feeling from my facial expressions, posture or changes in my behaviour? How should healthcare workers know how I feel or what I need?)



Signs of pain and distress and ways of making medical interventions easier



Keeping safe and specific support needs (Include beds, sides, hoisting, feeding – consider communication needs, challenging and complicated behaviours)

MY HEALTHCARE PASSPORT - ESSENTIAL INFORMATION

Very important information you must know about me

Moving around (Include hoist, sling type / size, wheelchair and cushion, safety needs)

wheelchair



Equipment that I need (Include ventilators, chairs, feed pumps, tracheostomy/NG/PEG tube sizes, pads etc.)

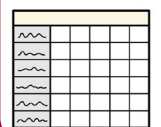
Breathing (Include tracheostomy tube size & make, CPAP/Bi-PAP/Ventilator settings, suction, oxygen)

balloon



Routines that are important to me that I would like to carry on in clinic or hospital

timetable



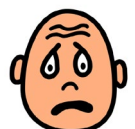
Previous significant admissions and procedures (if relevant)

Any concerns and/or problems at previous clinics appointments or admission?

Yes

No

worried



MY HEALTHCARE PASSPORT - IMPORTANT INFORMATION

Important information about my general daily living

Going to the toilet (Am I independent? Can I tell you when I need to go the toilet or when I need my pad changed? Do I have constipation or diarrhoea? Do I need to be reminded to go to the toilet?)



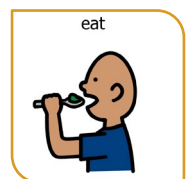
Hygiene and intimate care (Please include details about the words you use when talking to me about my body? What words do I know for my personal areas and genitals? What makes me feel safe and comfortable when I need intimate care? How should healthcare staff meet these needs?)



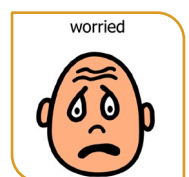
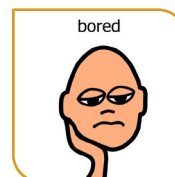
Dressing and controlling body temperature



Eating and drinking (Include likes / dislikes, support and equipment / cutlery needed, temperature, texture)



Expressing emotion



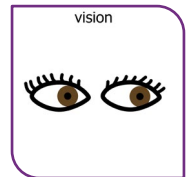
Sleeping



MY HEALTHCARE PASSPORT - SENSORY IMPAIRMENT

Important information about my vision and hearing

Use this space to tell us about any eyesight problems (Include visual condition, glasses, optimum distance and size of pictures or objects and lighting preferences. Are they sensitive to light?)



Use this space to tell us about any hearing problems (Include diagnosed hearing level, any hearing devices, left versus right ear and functional hearing. Are they sensitive to sound?)



Does your child have Sensory Processing Difficulties? Yes No

Does your child like sensory play in hospital? Yes No

Use this space to describe any sensory processing difficulties

Use this space for any further information

This healthcare passport has been adapted by the Thames Valley Children's Healthcare Passport Team and is based on the Bristol Royal Hospital for Children's Hospital Passport that is based on the original Hospital Passport by Gloucestershire NHS Trust.

The aim of the healthcare passport is to provide our staff with all the necessary information about your child when you use community healthcare, ambulance or hospital services. This information will help us work in partnership with you in meeting your child's needs. We have deliberately restricted the size of this document so that staff can have access to important information quickly.

Please let a member of staff know if your child has a healthcare passport. We recommend having a paper copy with you to share with staff. You may wish to share a copy with your child's GP and school or school nurse. Please try to make sure the information in the passport is kept up-to-date. As a guide we recommend:

- Children under 5 years of age - review every 6 months
- Children over 5 years of age - annual review

A traffic light system is used as follows:

**RED
ESSENTIAL
INFORMATION**

Very important information you must know about me

This section is to highlight the extremely important information we need to know about your child.

For example: allergies, communication needs, medical equipment sizes or challenging behaviours which may cause a risk. Think of this section as a 'red alert' to identify your child's high risk needs.

**AMBER
IMPORTANT
INFORMATION**

Important information about my general daily living

Please use this section to tell us about your child's important day to day living activities.

For example: tell us about your child's level of understanding, how they express themselves or any particular signs or symbols they use. It would be useful to know how to support your child with their personal hygiene needs or if your child has specific dietary needs.

**GREEN
PREFERABLE
INFORMATION**

Information about my likes, dislikes and comfort issues

Finally, please give us a brief description of things your child likes such as favourite toys, music and DVDs. Also, things that might calm your child if they become distressed.

There is space to tell us about things which might make a clinic or hospital visit better and also a section for you to tell us about things your child does not like.

If you have difficulty completing this form, or require a paper copy, in Oxford please contact the Oxford University Hospitals Team via Learning.Disability@ouh.nhs.uk, or in the Reading area please contact the Royal Berkshire Hospital Team via rbb-tr.cat7@nhs.net. You may also like to discuss the passport with any linked professionals including Community Children's Nursing and Community Paediatric Teams.

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