

This is my Hospital Passport

For people coming into hospital.

My name is:

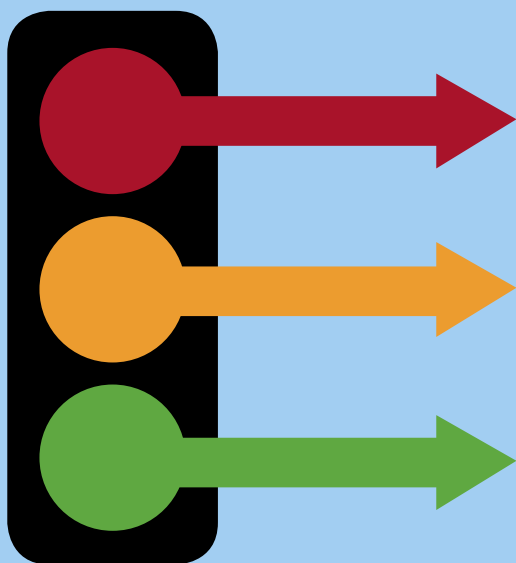


Completed by:

Date:

If I have to go to hospital this book must go with me.
This Passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport
before you do any interventions with me.



Things **you must** know about me

Things that are **important** to me

My **likes** and **dislikes**



Things you must know about me

Name:



I like to be called:



Date of birth:



Address:



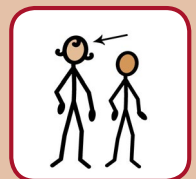
Telephone number:

Family contact person:



Contact details:

Main carer:



Contact details:

My Doctor:



Contact details:

I have a Deprivation of Liberty Safeguard (DOLS) in place:

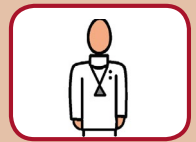


Yes No

I have a Court of Protection Order in place:

Yes No

I have a Lasting Power of Attorney for Welfare (LPA):



Finance Welfare



Other people important in keeping me safe or well:

Name	Role / Profession	Tel. number
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Consent - please take into account the five principles of the Mental Capacity Act (2005)

Things you must know about me

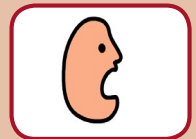
Religion:

and religious needs:



How I communicate:

What language I speak:



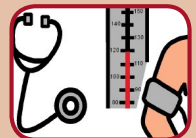
What to do if I am anxious and how you can help me cope:



Allergies:



How to take my blood, blood pressure, give injections etc:



Medication:

How I take medication (crushed tablets, injections, syrup):



Known Medical Conditions:

Any risks from choking or seizures or other:



Things that are important to me

How to communicate with me:

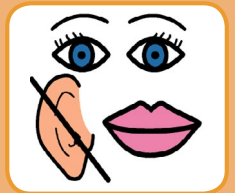


How I will communicate with you:

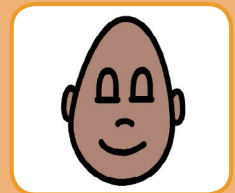
How to tell if I am in pain:



Problems with my sight and hearing:



How I keep safe (bed rails, support with challenging behaviour):



Smoking (how many, use of patches):

Smoking is not allowed in the hospital, near the door or in the car park.

You can have help, please ask or call Oxfordshire Smoking Advice Service 0845 40 80 300.



Things that are important to me

How I eat (risk of choking, help with eating, PEG feeds):



How I drink (small amounts, thickened fluids):



Moving around (posture in bed, type of seat, walking aids):



Personal care (dressing, washing, cutting nails):



How I use the toilet (continence aids, help to get to the toilet):



Sleeping (sleep pattern, routine):



My likes and dislikes

Likes: For example - what makes me happy, things I like to do i.e. watching TV, reading, music, routines.

Dislikes: For example - don't shout, food I don't like, physical touch.

My Likes:

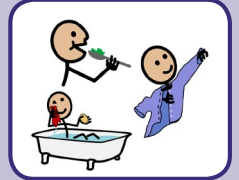


Things I don't like:

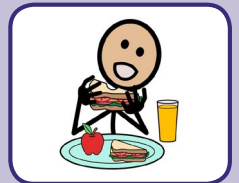


My carer

How my carer will help me when I am in Hospital:



My carer's needs:



Extra information

Any plans I have for end of life care:

Contact information

For further support or any questions about the Hospital Passport please contact:

Learning Disability Liaison Nurses | 01865 234565

Or contact your local Learning Disability Team:

North Learning Disability Team

Samuelson House, Tramway Road, Banbury OX16 5AU

Telephone: (01865) 903500

Oxford Learning Disability Team

2nd Floor, Knights Court, 2 Between Towns Road, Oxford, OX4 3LX

Telephone: (01865) 904555

South Learning Disability Team

Abbey House, Abbey Close, Abingdon, OX14 3JD

Telephone: (01865) 903100

This Hospital passport is based on original work by Gloucester Partnership NHS Trust and the South West London Hospital Access to Acute Group.

Thank you to the Southern Health NHS Foundation Trust, Oxfordshire Learning Disability Partnership Board, Oxford University Hospitals NHS Trust and Oxford Health NHS Foundation Trust who have collaborated in the re-design of this Hospital Passport.

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