**This is me**

**For people coming to Cambridge University**

**Hospitals that require adjustments to care due to**

**additional care and support needs**



Please look at it

**It tells you**

* **Things you MUST know about me**
* **Things that are important to me**
* **My likes and dislikes**

My photo

My name is:

**If I attend an appointment or go into hospital this passport needs to go with me and stay with me at all times.**

**PLEASE READ**

This information belongs to me. Please return it to me when I go home.



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| Things **you** **must** know about me |
| E:\lores_images\Name6.jpg  Hello my name is:  I like to be known as:  E:\lores_images\Birthday.jpg  Date of Birth:  This is my Own Tenancy: Yes/No  Residential Care setting: Yes/No  Family Home: Yes/No  Nursing Home: Yes/No  E:\lores_images\Envelope.jpgAddress:  E:\lores_images\Mobile_Phone.jpg  Tel No: |
| **Gender Identity**-How do you see yourself?    E:\lores_images\Talk.jpg  **How to communicate with me:**    **How I would like the hospital to make contact with me (phone, text, easy read letter etc)** |
| E:\lores_images\Mother_daughter.jpgContact person:  Relationship  e.g. family member, Support Worker:  Address:  Tel No:  Next of Kin: |
| What changes (reasonable adjustments) do I need in hospital?  Image result for photosymbols easy read information |

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| Date completed by  1 |

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| Things **you** **must** know about me |
| Allergies: |
| E:\lores_images\Heart-2.jpgLungs-2.jpg  Heart/Breathing problems: |
| choking  Risk of choking, Dysphagia (eating, drinking & swallowing difficulties): |
| E:\lores_images\Place_GP_Surgery.jpgName of GP:  Address: Tel No:  Other services/professionals involved with me: |
| Ethnicity: Religion:  Spiritual needs: |
| What makes me anxious, upset or worries me (e.g. the dark, noise, crowds etc) and how do I show this?    How you can avoid worrying/distressing me:  What helps me when I feel like this?  E:\lores_images\Frightened-2.jpg |

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| Date completed by  2 |

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| Things **you** **must** know about me |
| E:\lores_images\Tablets.jpg  Current Medication: See MAR sheet, repeat prescriptions & GP Summary  Please don’t make any changes to my medication (other than in an emergency) without talking to me/my named person:  Name: Role: Phone number:  How I take medication: (on food, in liquid form, by injection)  What is the best way to tell me or someone who supports me about my medication when I go home? |
| confidential  My medical / social history and treatment plan:  Baseline Observations: i.e Blood pressure What are normal reading for me  Epilepsy: (what is my normal seizure pattern, what does a seizure look like for me and what is my normal recovery time and management plan- attach current protocol/care plan)  https://www.aesnet.org/sites/default/files/file_attach/ForPatients/epilepsy.jpg |
| E:\lores_images\Stethoscope.jpg  Medical Interventions: (how to take my blood, give injections, Blood Pressure etc)  E:\lores_images\Blood_Pressure.jpg |
| E:\lores_images\Donald_Story-7.jpg  My support needs and who gives me the most support:  What support do I feel I need in hospital? |

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| 3  Date completed by |

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| Things that are **important** to me |
| E:\lores_images\Cutlery.jpgE:\lores_images\Ameem-13.jpgE:\lores_images\Glasses.jpgE:\lores_images\Teeth_clean2.jpgE:\lores_images\Feel_Sick.jpgE:\lores_images\Walking_Frame.jpg  How I eat: (Food cut up, help with eating, texture of food – attach current modified plan if appropriate)  Seeing/Hearing: (Problems with sight or hearing)  Personal care: (Dressing, washing, what support do I need?)  Moving around: (Posture in bed, walking aids, transfers, hoisting)  How you know I am in pain: (posture, skin colour, sounds) - see page 7 |

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| Date completed by  4 |

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| Things that are **important** to me |
| E:\lores_images\Juice_Orange.jpgside roomlow bed railsE:\lores_images\Sleep-2.jpgE:\lores_images\Toilet.jpg  Sleeping: (Sleep pattern/routine)  How I use the toilet: (e.g. Continence aids, help to get to the toilet, normal bowel and bladder management for me)  How I keep safe: (e.g. Side room, Low bed, Bed rails, seizure monitoring and support from familiar staff)  How I drink: (drink small amounts, thickened fluids, regular cup)  Risk of choking, Dysphagia: (eating, drinking & swallowing) |

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| Date completed by  5 |

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| My **likes** and **dislikes** |
| **Things I like**  **Please do this:**  **Things I don’t like**    **Don’t do this:**  **☹**  **Likes**: for example - what makes me happy, things I like to do, things that are important to me  i.e. watching TV, reading, music, routines.  Dislikes: for example food I don’t like, physical touch, needles  **Dislikes**: for example - don’t shout, food I don’t like, physical touch  **☺**    **When I come into hospital, I like to bring in some of my favourite things e.g. familiar blanket, photographs, sensory objects etc.** |

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| 6  Date completed by |

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| Pain Scale |

I am in pain (for staff to use to help find out what your pain is)

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| --- | --- | --- | --- |
| http://claralieu.files.wordpress.com/2013/07/001.jpg | http://claralieu.files.wordpress.com/2013/07/001.jpg | http://claralieu.files.wordpress.com/2013/07/001.jpg | http://claralieu.files.wordpress.com/2013/07/001.jpg |
| 0 | 1 | 2 | 3 |
| No Pain | A little pain  (Hurts a bit) | A lot of pain  (Hurts a lot) | Very bad pain  (Hurts very much) |

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| Notes:  Important information or things to talk about to help build relationships with me or help take my mind off things (distraction) |

“This is me” Hospital Passport Review Sheet

Name: Year:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
| Please initial boxes once sections have been reviewed | | | | | | | | | | | | |
| Front Page |  |  |  |  |  |  |  |  |  |  |  |  |
| Things you must know about me |  |  |  |  |  |  |  |  |  |  |  |  |
| Things that are important to me |  |  |  |  |  |  |  |  |  |  |  |  |
| My likes/dislikes |  |  |  |  |  |  |  |  |  |  |  |  |
| Notes |  |  |  |  |  |  |  |  |  |  |  |  |

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| Complete below any updates made during review | |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |
| June |  |
| July |  |
| August |  |
| September |  |
| October |  |
| November |  |
| December |  |

This is me is based on original work by Gloucester Partnership NHS Trust and the South West London Hospital Access to Acute Group and Alzheimer’s organisation. Thank you to local stakeholders who commented on amended version

Please contact the Learning Disability Specialist Nurse for further advice/support 01223 216133 or 07928128664

PIN3713 Version 3, Approved - March 2021, Review - March 2023

Date completed by 8

At a Glance Sheet

Please list five key points that at a glance staff need to know about me when supporting me in hospital (use clear large font or writing)

(Staff -please photocopy this sheet and display visibly)

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

What I am like when I am well

Date completed by 9