East Kent Hospitals University

# My **Healthcare** Passport

East Kent Hospitals Charity

Date Completed Date Reviewed

People who care for my health please read

#### Guide notes for using the passport:

This Passport has been designed for use with people with learning disabilities in hospital, but can be used for other people and other situations.

The use of the passport is important for identifying possible problems quickly.

In Hospital it should be given to patients when they come into A&E, pre-assessments and outpatients by hospital staff.

Patient and Carers should complete the passport and share the information with the health professional.

This information can then be shared with each health professional in the Hospital.

There are many other hospital passports which East Kent Hospitals will accept.

We are testing this passport and would like your feedback. Have you used it? What was good about it? What would you change about it? Ring Daniel Marsden on 07786171008 email daniel.marsden@nhs.uk

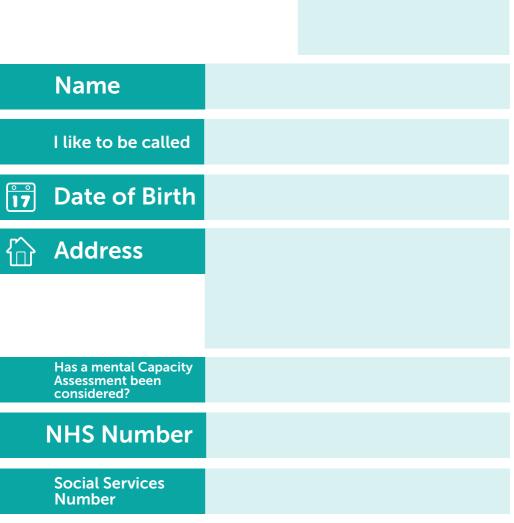
To download a new copy, go to www.ekhuft.nhs.uk/learningdisabilities

#### Further patient information leaflflets

In addition to this leaflet, East Kent Hospitals has a wide variety of other patient information leaflets covering conditions, services, and clinical procedures carried out by the Trust. For a full listing please go to www.ekhuft.nhs.uk/patientinformation. Or contact a member of staff.

Attach photo here

Hi!





#### If you would like to find out more about me





#### My GP

GP Name	
Address	
Telephone	
My Spirituality	
l have a Faith	Yes No
This means I would like	

#### My Allergies and Medication





My Disabilities or Impairments

This person can help with paperwork



Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Name: Dose:	
Dose:	
Dose: How often:	
Dose: How often: Route/Form:	
Dose: How often: Route/Form: Name:	

/Hi!



Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Name: Dose:	
Dose:	
Dose: How often:	
Dose: How often: Route/Form:	
Dose: How often: Route/Form: Name:	

Hi!



#### **PRN Medication**



#### **Notes on Medication**

(Fear of needles, behaviour that challenges etc)



Recent Medical History (such as the last time I was in hospital, were there any issues or long-term conditions?)

#### **Discharge / Going Home**

I'll need a discharge planning meeting

Yes

No

Hi!

If a Discharge Planning or Best Interests Meeting is needed, I want these people to help me and attend the meeting



Is there specific aftercare required?

How I would like you to communicate with me

Involving someone else
Easy Read Information
Communication Book
Pictures
Drawing
Signing/Makaton
Signing and talking
Speaking directly to me
Look me in the face

Smiling Kindly
Speaking Louder
Gentle Tone
Use Simple Language



Something important to me

How I communicate with you for: wants and needs

How I communicate with you for: hunger and thirst

How I communicate with you for: pain

How I communicate with you if I am happy

#### How I communicate with you if I am sad

How I communicate with you if I need the toilet

Things I like to do that would help me to be happy in hospital



Things I don't like that would make me sad in hospital



What support is needed with dressing and undressing

What support is needed walking around

What support is needed getting in and out of bed

What support is needed eating and drinking

Please state any dietary requirements

What support is needed for sitting

What support is needed for standing

Do you need support from a mobility aid?

What support is needed with personal care

What support is needed with brushing my teeth

What support is needed with sleeping

What support is needed using the toilet

What support is needed with bathing/washing hair

# **My Carers/Care Workers**

I currently have	hours a day one to one care
Which is	hours a week

#### These would be best used in hospital at

If I was in hospital again these things helped me

Please Comment

# **My Carers/Care Workers**

Other agencies/professionals that are working with me

**Additional Information** 

East Kent Hospitals University NHS Foundation Trust would like to thank everyone for their contributions to this piece of work over the past 12 months. It reflects a community who are committed to working together to improve healthcare services for people with learning disabilities.

### Would you like the information in this leaflet in another format or language?

We value equality of access to our information and services and are therefore happy to provide the information in this leaflet in Braille, large print, or audio - upon request.

If you would like a copy of this document in your language, please contact the ward or department responsible for your care.

We have allocated parking spaces for disabled people, automatic doors, induction loops and can provide interpretation. For assistance, please contact a member of staff.

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