

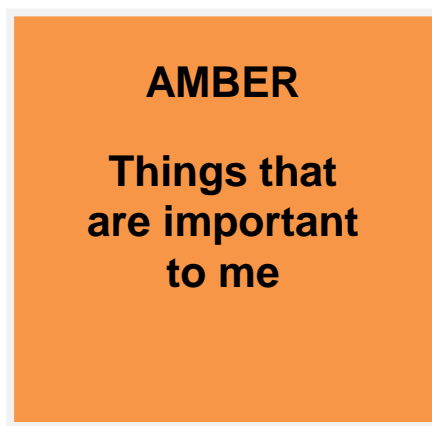
This is my Hospital Passport

For children and young people with additional needs
coming into hospital

My name is:

If I have to go to hospital this book should go with me. It will give staff important information about me.

Please put it at the end of my bed for staff to refer to.



When I go home please return my book to me

Things **you must** know about



Date of birth



Address



Telephone



This is how I tell
people how I feel



Family/Carer contact

Relationship



Address



Telephone



My support needs
and who gives me
the most support

Completed by

Date

Review date

Things **you must** know about



Religion



Religious needs

Ethnicity



Doctor (GP)



Address



Telephone



Other services and professionals involved with me



Allergies



Risk of choking when eating, drinking or swallowing

Completed by

Date

Review date

Things **you must** know about

My heart or breathing problems



Medical interventions (how to take my blood, blood pressure, give injections)



My current medication



Completed by

Date

Review date

Things **you must** know about

Operations and illnesses I have had



A large, empty rounded rectangular box for writing about operations and illnesses.

What to do if I am worried or upset



A large, empty rounded rectangular box for writing about what to do if worried or upset.

Completed by

Date

Review date

Things that are **important** to me



How to communicate with me (such as speaking, signing, pictures)



How I take medication (such as tablets, injections, syrup, blister packs, support)



How to tell if I am in pain

Completed by

Date

Review date

Things that are **important** to me



Problems with my sight and hearing



How I move around (such as walking aids, posture in bed)



My personal care (such as dressing, washing)



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

Completed by

Date

Review date

Things that are **important** to me

How I eat (such as needing food cut up, risk of choking, help with eating)



How I drink (such as small amounts, thickened fluids)



How I sleep (such as sleep patterns, routines)



What support is best for me (keeping me safe)



Completed by

Date

Review date

Things **you must** know about me

Things I like

Like what makes me happy, things I like to do such as watching TV, reading, music and my routines

Things I don't like

Like shouting, some kinds of food and being touched.

Things I like



Please do these things

Things I don't like



Don't do these things

Completed by

Date

Review date

Following my visit to hospital

What's changed?

About my health, medication and support needs?

What do I need now?

To make sure my changed needs around health, medication or support are met?

References: Cumbria partnership NHS Community Learning Disability Health team.

Based on original work by Gloucester Partnership NHS Trust, and subsequent work by Walsingham.

Amended for ESHT by J Sumner, Paediatric Preceptorship Facilitator

0545_01/Paediatrics

Review: January 2020