**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: |
| **How to communicate with me:**    E:\lores_images\Talk.jpg    **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: (eg Continence aids, help to get to the toilet, normal bowel and bladder management for me)  How I keep safe: (eg 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 eg 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 |  |

Date completed by 8

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

December 2021

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)

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

What I am like when I am well

Date completed by 9