



Help

My Hospital Passport

My name is:

This passport will help support me in an unfamiliar place.

If I have to go to hospital this passport needs to go with me, it gives hospital staff important information about me.

This passport can support you to make reasonable adjustments for me. This passport belongs to me.

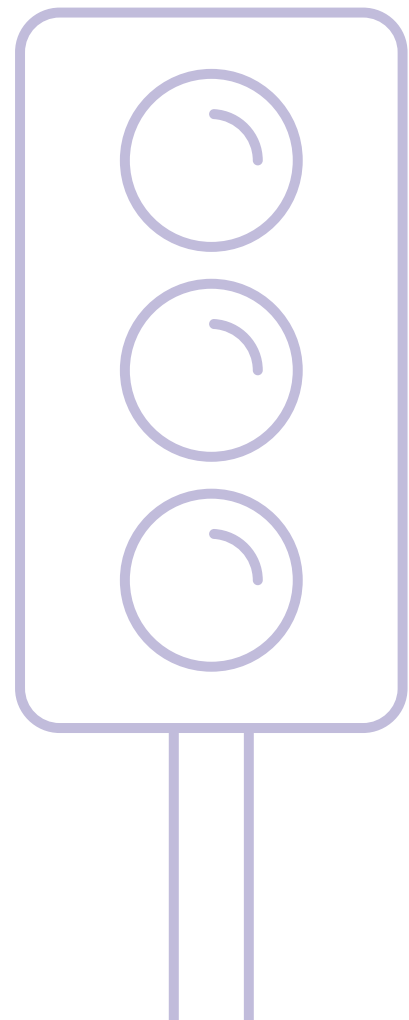
Please update and return it when I am discharged.

Sections to this passport

Things you must know about me

Things that are important to me

Things that I like and dislike





Help



**Mid and
South Essex**
NHS Foundation Trust

Mental Capacity Act 2005

Applicable to people aged 16 years and over

If a person is assessed as lacking the ability to make a decision and needing an advocate, please follow local Mental Capacity Act Policies and Mental Capacity Act Code of Practice.

If I am assessed as lacking the capacity to consent to my treatment, the following people must be involved in any decisions made in my best interest.

Name	Relationship	Contact details

Deprivation of Liberty care plans

Please note any plans I have in place at home that may affect me in hospital.

Things you must know about me



Name:

Likes to be known as:



NHS number:

Date of birth:



Address:



Telephone Number:



Family contact person:

Relationship eg. Mum/Dad:



Address:



Telephone Number:



Yes, I have an advocate

No, I do not need an advocate

I would like an advocate but I don't have one



Any food, medication or other allergies, intolerances or sensitivities:



Things you must know about me



My GP information:

Name:

Address:

Telephone number:

Other services/professionals involved with me
(social worker, advocate, learning disability nurse etc)



Immunisation history:

Date of my last Annual Health Check:



My Carer:

Name:

Address:

Contact details:





Things you must know about me



Community care and support:

The support that I need at home is (nursing care, residential care, supported living, independent living, 1:1 hours, days, times, nature of support etc)



Hospital care and support:

I need support from my familiar carers when I am using acute hospital services? Yes No





Things you must know about me



My medical history and current diagnosis:



Epilepsy awareness and management:

I have epilepsy Yes No

What type of epilepsy do I have?

How do my seizures present?

Do I have a protocol for the administration of
Emergency medication? If so what is it?

How do I present post seizure?

Does my epilepsy effect my behaviour pre-seizure
and/or post seizure?

Are there any signs that I may be building towards
a seizure?



Things you must know about me



My hospital admissions:
The support I will receive:

Date:
Time:
Reason:

Amount of support to be provided by own care team
(dates/times):

Agreed by:

Date:
Time:
Reason:

Amount of support to be provided by own care team
(dates/times):

Agreed by:

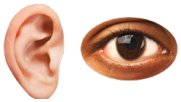


Things you must know about me



How I communicate and how you communicate with me:

What Language I speak:



Sight/hearing (problems with seeing or hearing):



How I take medication (whole tablets, crushed tablets, have injections, syrup). Please refer to my most recent prescription (do not list that here):



Things you must know about me



Medical interventions - how to take my blood, give injections, blood pressure etc:



Heart/breathing problems:



I am a smoker/vaper: Yes No



I would like support to stop smoking/vaping: Yes No



How I eat: (food cut up, pureed, risk of choking, help with eating, nil by mouth, PEG feeding)

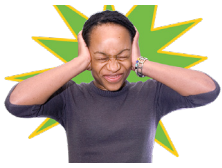


How I drink: (drink small amounts, thickened fluids)

Do I have a feeding plan? Yes No



Things you must know about me



What makes me anxious or afraid (triggers):



How might I react (risks to me and others):



Do I have a Positive Behaviour Support Plan: Yes No



How you can support me:



End of life planning:

I have a Peace Plan or an Advanced Directive: Yes No

I have a Do Not Resuscitate (DNACPR)
in place: Yes No





Things that are important to me



Personal Care (dressing, washing etc):



Things that are important to me



Don't Like

Things that I find difficult or don't like:

Bright lights

Too many people

New people

Loud noises/too much noise

Other:

Please communicate in line with my needs:

I like clear direct instructions

Please be calm and explain why I need to do things



My mobility and how I keep safe:

I use walking aids

I use a wheelchair

I usually like to sit in bed

I usually like to lay down in bed

I use bed rails

I can sometimes wander

I can be unsteady on my feet

I can use the buzzer to ask for help

My other mobility and safety needs:



Things that are important to me

When I am in hospital the team will assess pain using the Abbey Pain Scale. The scale ranges from no pain through mild and moderate, up to severe. The type of pain may be chronic, acute, or acute and chronic.

Acute pain happens quickly and goes away when there is no cause, but chronic pain lasts longer than 6 months and can continue when the injury or illness has been treated.



How I will communicate that I am in pain:

Tell/show you

Use hospital communication book
/communication cards



How you will know that I am in pain:

I will tell you/show you

Hold the affected part of my body

Changes in my behaviour:



Vocalisation

Shouting

Not talking

Rocking

Talking more

Pacing

Not eating or drinking

Banging (on what)

Facial expressions

Agitation

Crying

Other



Things that are important to me



How I have a wee and a poo:

I use continence aids:

pads incontinence pants catheter/stoma

I need help to get to the toilet

Other information:



Sleeping (sleeping pattern, routine):



Religion and religious/spiritual needs:

I would like the chaplaincy team to visit me: Yes No



Things that I like and dislike



Things that make me happy:
(eg. watching television, reading, music, routines,
or foods I like)



Sad

Things that make me sad:
(eg. food I don't like, things that upset me)

Things that I like and dislike



Personal items I like to bring to hospital:

Books, magazines, games

Phone and charger



House keys

Snacks and soft drinks

Comfort items



Clothing

Glasses, toiletries and dentures

Medication



Mobility equipment (please list):



Food and drink preference:

Things that I like and dislike

Hobbies and interests:



My life so far: (family, home, background, pets)



Things that are important to me

Things that I like and dislike



How I would like you to communicate with me:

Verbally

Reading/writing

Gestures

Easy Read

Makaton

I wear hearing aids

I lip-read

BSL

Signs/symbols

Picture Exchange Communication System (PECS)

Objects of Reference
(include what my objects mean)

Other:



Reasonable adjustments

Reasonable adjustments that I need:

Double appointment

Quiet waiting area

First/last appointment of the day

Escort(s)

Speak to me/my carer

Distraction aids (Buzzy Bee etc)

Communication support
(Easy Read, Pics, Objects of Reference, Time)

Moving and handling support

To be seen as soon as possible

Other:

Date completed:

By:



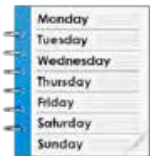
Questions to ask in hospital



Why am I in hospital?



What are you doing to help me?



How long do I need to be here?



What do we need to do to get me home?



Is everyone clear about my care plan?

**Things I want to remember to ask
when I am at the Hospital:**

**Things I want to remember to ask
when I am at the Hospital:**

More information

This passport has been developed by the Mid and South Essex NHS Foundation Trust. We hope that it will be used by all of our partners across our Intergrated Care Board and beyond to support patients when they receive healthcare.

If you need information about your visit to the hospital you can look at your website and information pages

www.mse.nhs.uk/learning-disabilities

You can also contact the learning disability team by email using mse.learningdisabilities@nhs.net

Your GP surgery will also be able to help you complete health information for this passport at your Annual Health Check.

The Learning Disability Champions scheme

Many of our staff have completed special training so that they can help people with Learning Disabilities. They wear badges so that you can see who they are. We also have special badges that you can wear to make sure that our staff can recognise that you might need more help. If you see a sign on the wall this means that the whole team have joined the Champions Scheme and will be able to help you.

Information for patients

Our Patient Advice and Liaison Service (PALS) can also help you. They offer a confidential service for patients, their families and carers. PALS can be contacted in several ways, details on the back page.

How to contact the Trust

Call us:

Broomfield Hospital: 01245 36200

Basildon University Hospital: 01268 524900

Southend University Hospital: 01702 435555

How to contact PALS

Call us:

Broomfield Hospital: 01245 514130

Basildon University Hospital: 01268 394440

Southend University Hospital: 01702 385333

Email us:

Broomfield Hospital:

mse.public.response@nhs.net

Basildon University Hospital:

mse.pals.btuh@nhs.net

Southend University Hospital:

mse.pals.suhft@nhs.net

Write to us:

PALS Office

Broomfield Hospital

Chelmsford

Essex, CM1 7ET

PALS Office (near the restaurant) Level C

Basildon University Hospital

Nethermayne

Basildon

Essex, SS16 5NL

PALS Office

Southend University Hospital

Prittlewell Chase

Westcliff on Sea

Essex

SS0 0RY



You can also use this QR code to link to our patient feedback form, where you can let us know about any aspect of your care.