

Passport to Hospital Care

RED		
	AMBER	
		GREEN



HOSPITAL ASSESSMENT

For people with learning difficulties.

This gives hospital staff important information about you.

Please take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.

Make sure that all the nurses who look after you read it.

RED – ALERT

Things you must know about me.

Name:	Next of Kin:
Address:	Address:
Telephone number:	Tel Number:
Date of Birth:	GP:
Religion:	
NHS No:	
Key Carers:	Professional contacts:
Brief Medical History	
Allergies:	
Current medication:	

How to Communicate with me.

AMBER
Things that are really important to me.

Information sharing: How to help me understand things.	
Seeing/hearing:	
Eating and drinking(swallowing):	
Taking medication:	
Going to the toilet:	
Moving around:	
Keeping safe:	
Pain:	
Sleeping:.	
Level of support:	
Personal care	
If needs admission requires	

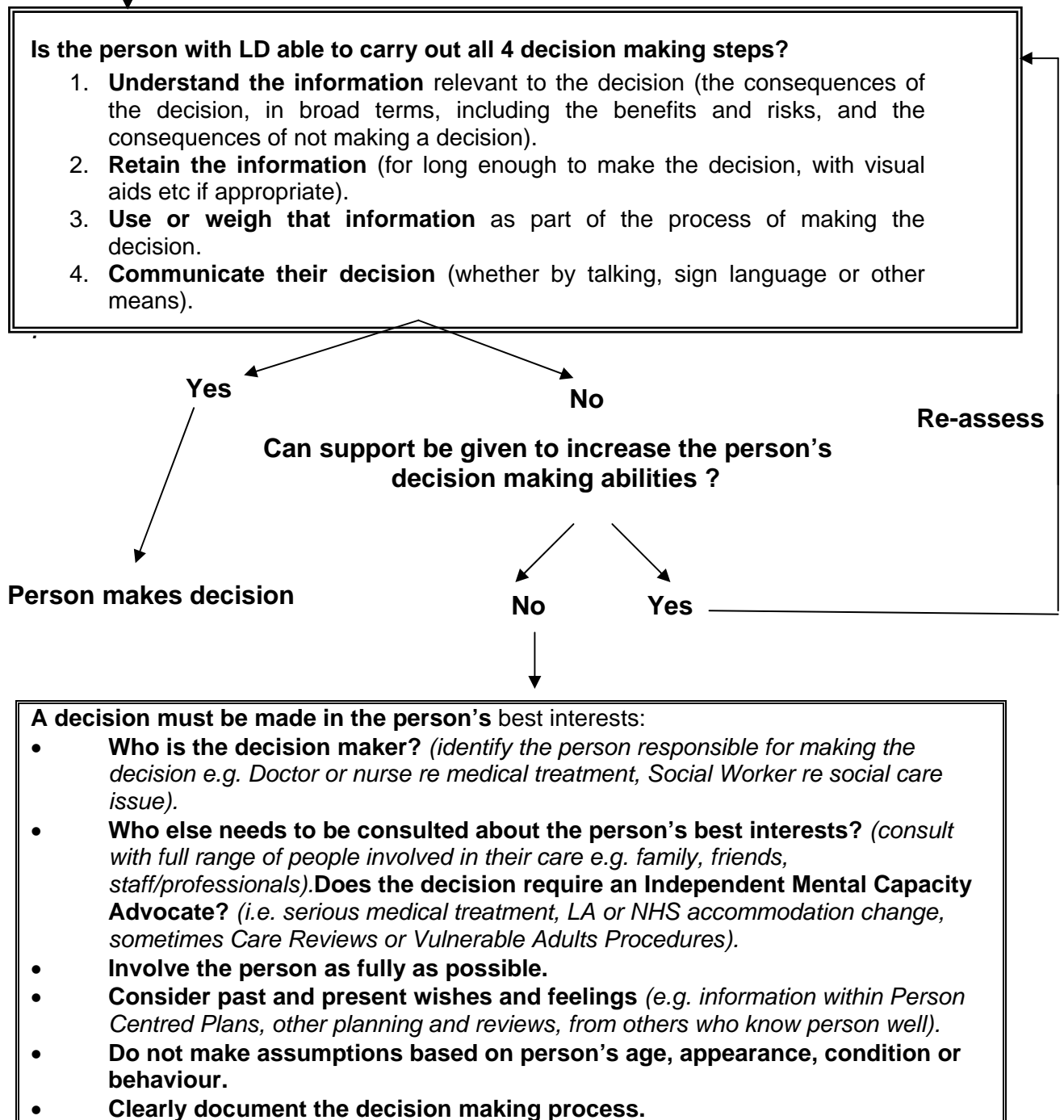
Completed by: **Date:**

Capacity to Consent

Bath and North East Somerset Integrated Adult Learning Difficulties Service Making Decisions – Flowchart

What is the healthcare decision (or decisions) to be made?

Identify the specific issue(s).



N.B. These principles should be applied to consent and decision making at all levels of health care provision – each issue needs to be considered separately (i.e. mental capacity must be assessed in relation to a specific issue).

MY FAMILY'S AND MY UNDERSTANDING OF MY CONDITION.

(It is important to consider The Mental Capacity Act 2005 in these sections, and remember that it may be appropriate to undertake a mental capacity assessment.)

MY UNDERSTANDING OF MY CONDITION.

	Yes	No	Guidelines
<p>1. I understand the problem that the doctors are saying I have and what treatment I need.</p> <p>eg (the consequences of the decision, in broad terms, including the benefits and risks, and the consequences of not making a decision)</p>			<ul style="list-style-type: none"> • Information must be objective and given clearly in the best way for the individual, to maximise their understanding. • If information is considered harmful, this should be discussed with a wider team and recorded in the notes.
<p>2. I am able to <u>retain</u> the relevant information? For long enough to make a decision, with visual aids if necessary.</p>			<ul style="list-style-type: none"> • Can be temporarily affected (e.g. confusion, anxiety, pain, shock, fatigue, medications - can all reduce ability to retain information).
<p>3. I can <u>use or weigh</u> the information.</p>			<ul style="list-style-type: none"> • Specific to the particular decision or issue, and a specific time. • Abilities may change - require review. • People may make decisions others think unwise.
<p>4. I can <u>communicate</u> my decision?</p>			<ul style="list-style-type: none"> • Can be non-verbal, but should be recorded and good practice to be witnessed by someone who is not seeking consent. • Written consent (signature) = record but not valid unless all of criteria met.

WHAT I WOULD LIKE TO HAPPEN IF I BECAME SERIOUSLY ILL AND HOW I WOULD LIKE TO BE LOOKED AFTER.

Completed by: Date:

GREEN

Things I would like to happen.

Likes/dislikes.

THINGS I LIKE



THINGS I DON'T LIKE



Please do this:

Don't do this:

Think about – what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.
