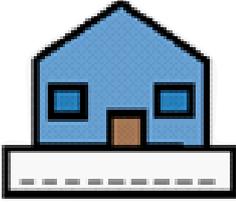


My Hospital Passport

<p>Name</p> 	<p>Date of Birth</p> 	
<p>Address</p> 	<p>Hospital Number</p> 	
<p>Parent / Carer Names</p> 	<p>Preferred Language</p> 	
<p>Telephone Number</p> 	<p>Religion</p>  <p>Any relevant care plans</p> <p>Lifetime Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Wishes Document Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other (please state) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Who else is involved with me? (please give details) <i>Education / Health / Social Services</i></p> 		
<p>Completed by</p> 	<p>Date</p> 	<p>Signed (on admission)</p>  <p>(by parent/carer)</p>

RED
ESSENTIAL INFORMATION
Very important information you must know about me.

AMBER
IMPORTANT INFORMATION
Important information about my general daily living.

GREEN
PREFERABLE INFORMATION
Information about my likes, dislikes and comfort issues.



ESSENTIAL INFORMATION



Very important information you must know about me

Diagnosis and medical conditions



Relevant medical history



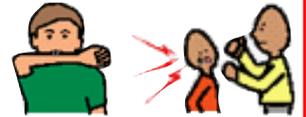
Allergies



Current medication and method of taking medication



Challenging behaviours that may cause a risk



Triggers that may lead to challenging behaviours



Communication



Pain indicators and making medical interventions easier



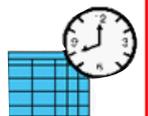
Keeping safe and specific support needs



Equipment, settings and sizes (trachy/ng size, ventilation settings, pad size, etc.)



Important routines



Previous admissions and procedures (if relevant)



Any concerns and/or problems at previous admission?





IMPORTANT INFORMATION



Important information about my general daily living

Going to the toilet and personal hygiene needs (inc: pad size, support needs)



Washing and dressing (inc: mouth care, abilities / support needs)



Eating and drinking (inc: Nil by mouth, support required, temperature, texture, equipment, likes, dislikes, frequency, feed type, etc.)



Moving around (inc: positioning, equipment, support required, safety)



Breathing (inc: ventilation settings)



Expressing emotion



Sleeping



PREFERABLE INFORMATION



Information about my likes, dislikes and comfort issues

Things I like



Things I don't like



3 things that will make my stay in hospital better



Things that make me feel safe and comfortable



This hospital passport has been adapted by Bristol Royal Hospital for Children and is based on the original Hospital Passport by Gloucestershire NHS Trust.

The aim of the hospital passport is to provide our staff with all the necessary information about your child when you use our hospital services. This information will help us work in partnership with you in meeting your child's needs. We have deliberately restricted the size of this document so that staff can have access to important information quickly.

Please let a member of staff know if your child has a hospital passport.

Please try to make sure the information in the hospital passport is kept up-to-date.

As a guide we recommend:

- Children under 5 years of age - review every 6 months.
- Children over 5 years of age - annual review.

A traffic light system is used as follows:

<p>RED ESSENTIAL INFORMATION Very important information you must know about me.</p>	<p>This section is to highlight the extremely important information we need to know about your child.</p> <ul style="list-style-type: none">• For example: allergies, communication needs, medical equipment sizes or challenging behaviours which may cause a risk. Think of this section as a 'red alert' to identify your child's high risk needs.
<p>AMBER IMPORTANT INFORMATION Important information about my general daily living.</p>	<p>Please use this section to tell us about your child's important day to day living activities.</p> <ul style="list-style-type: none">• For example: tell us about your child's level of understanding, how they express themselves or any particular signs or symbols they use. It would be useful to know how to support your child with their personal hygiene needs or if your child has specific dietary needs.
<p>GREEN PREFERABLE INFORMATION Information about my likes, dislikes and comfort issues.</p>	<p>Finally, please give us a brief description of things your child likes such as favourite toys, music and DVDs. Also, things that might calm your child if they become distressed.</p> <p>There is space to tell us about things which might make a hospital visit better and also a section for you to tell us about things your child does not like.</p>

'My Hospital Passport' is available at the following web address:

www.uhbristol.nhs.uk/hospital-passport

If you have difficulty completing this form or require a paper copy please contact Liaise at BRHC on: 0117 342 8065 or the Disability Nurse on: 0117 342 8653

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