

Hello, my name is

I like to be called

and I can respond to it.
Please use my name when
you speak to me.

Who are you?

#hello my name is...


*Insert photo
of your child
here*

See instructions on the main webpage or
in our leaflet

My Hospital Passport

PREFERABLE INFORMATION

Information about my likes, dislikes and comfort issues

Things I like

good



Things I don't like

bad



Things that make me feel safe and comfortable

happy












Things that will make my time in hospital better

better



My Hospital Passport

Name 	Date of Birth 
Address 	Hospital Number  Preferred Language (including non-verbal, sign languages, Makaton, PECS etc.)  
Parent/Carer Names 	Religion Any relevant care plans Lifetime Yes <input type="checkbox"/> No <input type="checkbox"/> Wishes Document Yes <input type="checkbox"/> No <input type="checkbox"/> Jessie May Trust Yes <input type="checkbox"/> No <input type="checkbox"/> EHCP (Education & Health Care Plan) Yes <input type="checkbox"/> No <input type="checkbox"/> Personal Health Budget Yes <input type="checkbox"/> No <input type="checkbox"/> Wiki Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please state) Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Do you have a Blue Badge on behalf of your child Yes <input type="checkbox"/> No <input type="checkbox"/> 
Telephone Number(s) 	
Siblings/people who are important to me 	
Completed by _____	Date _____ Signed (on admission) _____

NOTE TO STAFF

Please do not file handwritten versions of 'My Hospital Passport'. Send it to the:
 Paediatric Disability Team, BRHC or call 21571/email ChildrensHospitalPassport@UH Bristol.nhs.uk

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

About me (Include a bit about diagnosis, medical conditions and my past medical history but focus on me and what makes me a unique and special person)



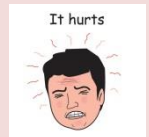
How do I take my medicines? (Am I allergic to any medicines and what can't I have? Am I allergic to anything else like animals, soap or pollen? Am I sensitive to other things like perfume or smells?)



How I communicate (Do I talk, use signs, or pictures? Do you know how I'm feeling from my facial expressions, posture or changes in my behaviour? How should hospital workers know how I feel or what I need?)



Signs of pain and distress and ways of making medical interventions easier



Keeping safe and specific support needs (Include beds, sides, hoisting – consider communication needs, challenging and complicated behaviours)

Equipment that I need (Include ventilators, chairs, feed pumps, tracheostomy/NG/PEG tube sizes, pads etc.)

Routines that are important to me that I would like to carry on in hospital



Previous admissions and procedures (if relevant)

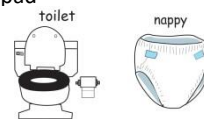
Any concerns and/or problems at previous admission?



IMPORTANT INFORMATION

Important information about my general daily living

Going to the toilet (Am I independent? Can I tell you when I need to go the toilet or when I need my pad changed? Do I have constipation or diarrhoea? Do I need to be reminded to go to the toilet?)



Hygiene and intimate care (Please include details about the words you use when talking to me about my body? What words do I know for my personal areas and genitals? What makes me feel safe and comfortable when I need intimate care? How should hospital staff meet these needs?)



Dressing and controlling body temperature



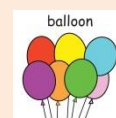
Eating and drinking (Include likes/dislikes, support & equipment/cutlery needed, temperature, texture, likes/dislikes)



Moving around (Include hoist, sling type/size, wheelchair and cushion, safety needs)



Breathing (Include tracheostomy tube size & make, CPAP/Bi-PAP/Ventilator settings, suction, oxygen)



Expressing emotion



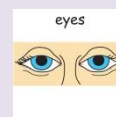
Sleeping



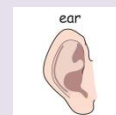
SENSORY IMPAIRMENT

Important information about my vision and hearing

Use this space to tell us about any eyesight problems. Include visual condition, glasses, optimum distance and size of pictures or objects and lighting preferences. Are they sensitive to light?



Use this space to tell us about any hearing problems. Include diagnosed hearing level, any hearing devices, left versus right ear and functional hearing. Are they sensitive to sound?



Does your child have a Sensory Processing Disorder?
Does your child like sensory play in hospital?

Yes No
Yes No

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:

RED
ESSENTIAL
INFORMATION
Very important information you must know about me

This section is to highlight the extremely important information we need to know about your child.

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.

AMBER
IMPORTANT
INFORMATION
Important information about my general daily living

Please use this section to tell us about your child's important day to day living activities.

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.

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

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.

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.

'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 Paediatric Disability Team on (0117) 342 1571 or LIAISE at BRHC on (0117) 342 8065