



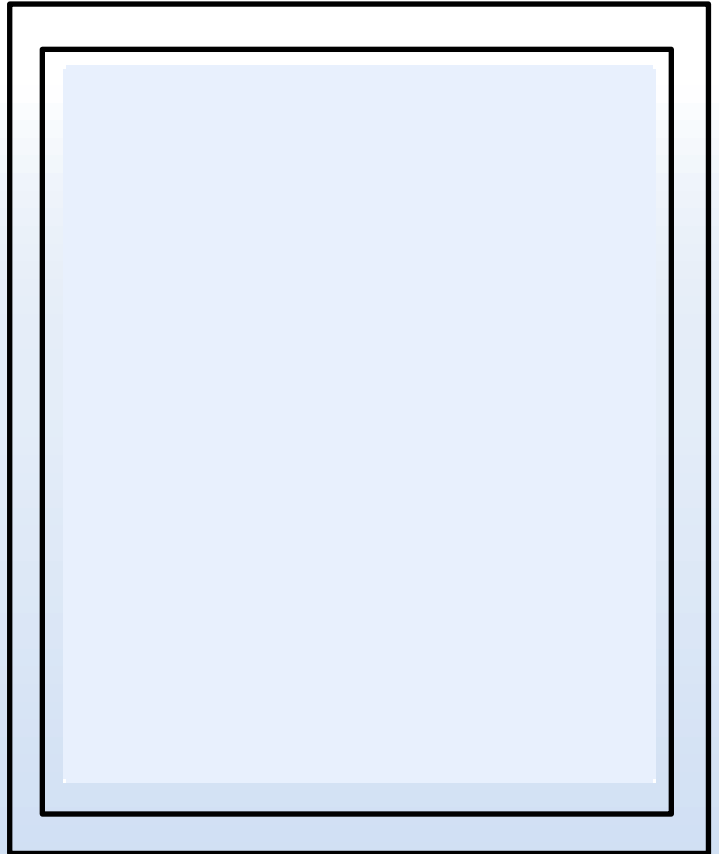
Hello, my name is

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...



# My Hospital Passport



## PREFERABLE INFORMATION

Information about my likes, dislikes and comfort issues

For more information, see guidelines on last page.

Things I like

Things I don't like



Things that make me feel safe and comfortable

Things that will make my time in hospital better



# My Hospital Passport



<b><u>Name:</u></b>		<b><u>Date of Birth:</u></b>	
<b><u>UHBW Hospital Number:</u></b>		<b><u>NHS Number:</u></b>	
<b><u>Address:</u></b>		<b><u>Parent/Carers Names:</u></b>	<b><u>Telephone Numbers:</u></b>
<b><u>Siblings/People who are important to me:</u></b>			
<b><u>Preferred Language:</u></b>		<b><u>Any Relevant Care Plans?</u></b>	
Verbal:	<input type="checkbox"/>	Lifetime	<input type="checkbox"/>
Non-Verbal	<input type="checkbox"/>	Wishes Document	<input type="checkbox"/>
Makaton	<input type="checkbox"/>	Jessie May Trust	<input type="checkbox"/>
PECs	<input type="checkbox"/>	EHCP	<input type="checkbox"/>
Sign Language / BSL	<input type="checkbox"/>	Personal Health Budget	<input type="checkbox"/>
Widgets	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>		
<b><u>Does your child have:</u></b>			
Blue Badge		<input type="checkbox"/> Autism Spectrum Disorder	 <input type="checkbox"/>
Sensory Processing Disorder		<input type="checkbox"/> Diagnosed Learning Disability	<input type="checkbox"/>
<b><u>Completed By:</u></b>		<b><u>Date:</u></b>	<b><u>Signed (On admission)</u></b>
I give consent for information concerning my child to be obtained from and/or shared with other agencies /health professionals:			Yes <input type="checkbox"/> No <input type="checkbox"/>

## Parents/Carers

**Our vision is:**

- That we listen to and communicate with carers, families and friends.
- That we support carers and patients to maintain their wellbeing and be treated with the dignity they deserve.
- That carers, families and friends are valued and recognised as equal partners in individual patient care.

**If you need any support to meet your needs as a carer, then please use this space to tell us.**



# My Hospital Passport



## ESSENTIAL INFORMATION

**Very important information you must know about me.**

For more information, see guidelines on last page.

**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, communication needs, challenging or complicated behaviour)

**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?**



# My Hospital Passport



## IMPORTANT INFORMATION

### Important information about my general daily living

For more information, see guidelines on last page.

**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 use 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**



# My Hospital Passport



## SENSORY IMPAIRMENT

**Important information about my vision and hearing**

For more information, see guidelines on last page.

**Does your child have a Sensory Processing Disorder?**

If yes, please provide us with detail regarding this:

**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?

## REASONABLE ADJUSTMENTS

**A 'reasonable adjustment' is a change that has been made to a service so that people with disabilities can use them like anyone else.**

For more information, see guidelines on last page.

Examples include minimal waiting times, first on the outpatient clinic or theatre list and communication needs.

The hospital tries to consider all requests, but they should be based on need -not wants.

**Please note, this not a guarantee but we will try our hardest to accommodate everyone's needs**

## ADDITIONAL COMMENTS

**If you have any additional comments you would like to add, please use the box below:**

Include details of people involved with you from Education, Health and Social Services and any Religious or Cultural observances.



# My Hospital Passport



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 6 years of age - annual review.

## GREEN

Preferable Information

**Information about my likes, dislikes and comfort issues**

Please give us a brief description of things your child likes such as favourite toys, music and DVDs. Also include 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 a section for you to tell us about things your child does not like.

## 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 behaviour 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 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.

## PURPLE

Sensory Impairment

**Important information about my vision and hearing**

Use this section to describe your child's sensory needs. Include any impairments, such as visual or hearing, and any support or aids they may need.

If your child has a sensory processing disorder, please share information about their sensory profile and how these may impact on coming into hospital.

## BLUE

Reasonable Adjustments

**And additional comments**

Under the Equality Act 2010 we have a responsibility to make changes in our approach or provision to ensure that services are as accessible to people with disabilities as they are for everybody else. These are called reasonable adjustments.

**Please be aware that it is not always possible to make reasonable adjustments due to the resources and limitations in the hospital at busy times.**

**If you have difficulty completing this form or require a paper copy, please contact the Paediatric Disability Team on (0117) 342 1571 or LIAISE at BRHC on (0117) 342 8065**