

#### Norfolk and Norwich University Hospitals WHS



### This is my

# Hospital Passport

For people with learning disabilities coming into hospital

My name is:

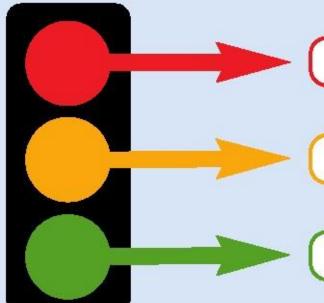
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to be by my bed and a copy should be put in my notes.



This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.



Things you must know about me

Things that are important to me

My likes and dislikes



Please consider the need to support me with communication aids, easy read or simple explanation, to maximise my ability to understand. Always include me in discussions about my care and treatment.

If you require support or advice around the mental capacity act please contact the NNUH Mental Capacity Act Lead.

# Things you must know about me

	Name:  Likes to be known as:  NHS number:  Date of Birth:
	Address: Tel No:
	How I communicate/What language I speak:
	Family contact person, carer or other support:  Relationship e.g. Mum, Dad, Home Manager, Support Worker:  Address:  Tel No:
	My support needs and who gives me the most support:
<u>@</u>	My carer speaks:

by

Date completed

### Things you must know about me

tæ	Religion: Religious/Spiritual needs: Ethnicity:
	GP: Address:  Tel No:  Other services/professionals involved with me:
	Allergies:
	Medical Interventions – how to take my blood, give injections, BP etc.
	Heart Breathing problems:
	Risk of choking, Dysphagia (eating, drinking and swallowing):

# Things you must know about me



Date completed by

### Things that are important to me



#### Things that are important to me



Seeing/Hearing: (Problems with sight or hearing)



How I eat: (Food cut up, pureed, risk of choking, help with eating)



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



How I keep safe: (Bed rails, support with challenging behaviour)



How I use the toilet: (Continence aids, help to get to toilet)



Sleeping: (Sleep pattern/routine)

### My likes and dislikes

Likes: for example - what makes me happy, things I like to do i.e. watching TV, reading, music, routines.

Dislikes: for example - don't shout, food I don't like, physical touch.

Things I like Please do this:	0

Things I don't like		
Don't do this:	0	

by

#### Notes

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#### Contacts and useful websites

#### **Community Learning Disability Teams (CLDT)**

North Norfolk CLDT – 01263 835200 - West Wing, Blickling Hall, Blickling, Aylsham, Norfolk, NR11 6NF

**Norwich City** CLDT – 01603 638520 - County Hall, 5th Floor, Martineau Lane, Norwich Norfolk, NR1 2DH

**South Norfolk** – 01953 450800 - Station Road, Attleborough, Norfolk, NR17 2AT

**West Norfolk** – 01493 448 400 - Havenbridge House, 1st Floor, North Quay, Great Yarmouth, Norfolk, NR30 1HZ.

**East Norfolk** - 01493 655082 - West Norfolk CLDT, Park View Resource Centre, Birch Tree Close, London Road, King's Lynn, Norfolk, PE30 5QD.

#### Learning Disability Liaison Team - Norfolk and Norwich University hospital.



People with learning disabilities and autistic people can expect to receive care that is equitable, safe and person-centred at the



Learning disabilities



- Lydia Smith (Lead) -01603 287862
- Tara Webster (Adults) -01603 647994
- Fiona Springall (Children & Young People) - 01603

#### Helpful websites for accessible information:

www.easyhealth.org.uk www.intellectualdisability.info www.mencap.org.uk/gettingitright

Please contact the learning disability liaison team at the Norfolk and Norwich if you have any questions about the passport

This passport was developed by: Tara Webster\_ with contributions from: \_ the Mental Health and Learning

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