

Healthcare Passport

Name:

I like to be called:.....

Date Of Birth:

NHS Number:

DRAW OR PLACE
PICTURE OF YOU HERE

Address:.....

.....

My healthcare passport helps doctors and nurses know all about me.

My passport comes with me when I go to my clinic appointments and if I go to hospital.

My Passport stays by my bedside and goes home with me.

I have a PAC Plan (Advanced Care Plan):



I have an emergency care plan:



My Family Information

My parents/guardians are

My contact numbers

Who I live with?

Who gives consent about my care
(parent/guardian)

My spiritual/religious needs

My allergies

My Medical/Care Team

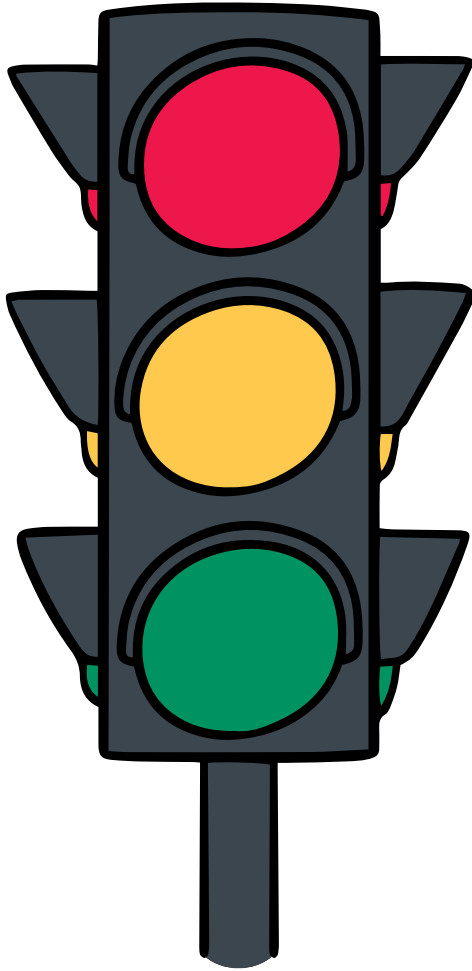
My GP details are:

My Hospital Consultants are:

Other professionals involved in my care (physio, dietician, SALT, dentist etc.):

My Social worker is:

How to use this Passport



Important Information
about me

How to look after me

Likes, Dislikes and
Comfort

This section is to highlight the extremely important information we need to know about your child. For example: your child's medical needs, communication needs, any support required to breathe and how they experience pain and distress.

Think of this section as a 'red alert' to identify your child's high risk needs.

This section is about your child's important day to day living activities.

This section will help us to know how to support your child with their personal hygiene needs or if your child has specific support to eat, sleep, or move. This section also considers sensory needs.

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 that help your child feel comfortable and a section for you to tell us about things your child does not like or finds worrying.



How do I show that I am HAPPY and COMFORTABLE

Large empty rounded rectangular box for writing responses to the question above.

Things that help me feel HAPPY and COMFORTABLE

Large empty rounded rectangular box for writing responses to the question above.

Likes

Large empty rounded rectangular box for writing responses to the question above.



How I show that I feel WORRIED or ANXIOUS

Large empty rounded rectangular box for writing responses to the question above.

Things that make me feel WORRIED or ANXIOUS

Large empty rounded rectangular box for writing responses to the question above.

Dislikes

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Eating & Drinking

How do you know if I'm hungry/thirsty?

How do I eat and drink?

(Thickener, cut up, NG, support and equipment/cutlery needed)

My Safe Foods/drinks are:



Hygiene

What support do I need to wash / dress?

Do I need help to go to the toilet?

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

Physical

How do I move around? (Wheelchair, hoist, frame etc.):

How is my vision/hearing? Glasses Hearing aids
Other:

Do I have a sensory processing disorder?
Do I have other Sensory needs?
Details:



Sleep

What helps me to sleep?

(routine, comfort etc.)

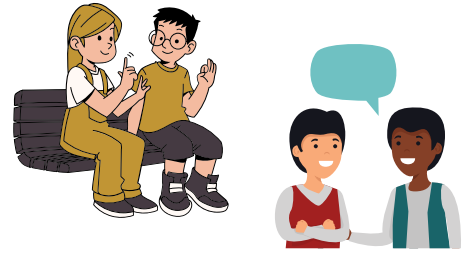
Safety

How do I stay safe?

(Supervision need, bed rails, etc.)

Communication

How to communicate **with me**...



I will communicate **with you** by...



When communicating it is important that...



(i.e. quiet area, little distraction, low lighting, facing each other (to allow lip reading) etc.)

Breathing

Do I use anything to support my breathing?

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

Please tick if you use the below at home:

ventilation oxygen

Details:

Pain & Distress

How do I show I'm in pain? (Do I change my posture? Facial expressions, changes in behaviour etc?)

How do I show signs of distress?

(And are there ways of making medical interventions easier for me?)

Medical Background

My Medical Conditions are:

How do I take my medicines?

(crushed tablets, injections, syrup, by mouth, feeding tube):

Previous admissions or Surgery I have had:

(what and when, please use additional information box if more room is required.)

Things that were helpful/unhelpful during previous admissions?

How do you weigh me, take my blood pressure or take bloods? (Is it helpful to know what is happening before it is done, do I like to look/look away etc.?)

Anything else that's important to me:

Please include additional useful information here:

If you require any help completing this document or require a paper copy please speak with your medical team.

As a reminder **this is your document and it is your responsibility to keep this document up to date.**

As a guide we recommend you review this document as below and update your medical team at your next appointment should any changes be necessary:

Children under 5 years of age - review every 6 months

Children over 5 years of age - annual review

This healthcare passport has been adapted by Aneurin Bevan University Health Board and is based on the original Hospital Passport by Gloucestershire NHS Trust.