



This is my Hospital Passport

For children and young people with learning disabilities, health and/ or autistic spectrum conditions coming into hospital

My name is:

If I have to go to hospital this book needs to go with me.

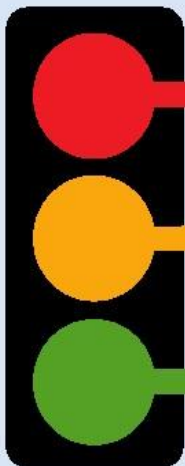
It gives medical staff important information about me to make sure I get the best care.

It needs to hang on the end of my bed and a copy should be put in my notes.



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

Hospital staff please look at this document before ANY investigation, care or treatment



Things you must know about me

Things that are important to me

My likes and dislikes

Things you MUST know about me

I like to be known as:
My birthday is:
My NHS no is:
My Address:



GP Name:
GP Address:
GP Phone:



Medical interventions (how to take my blood, Blood Pressure, give injections etc):



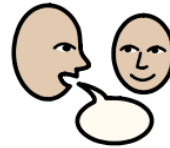
Allergies:

Eyesight / hearing:

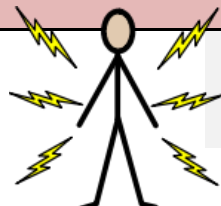
Things you MUST know about me

Capacity: This health document gives information regarding the amount of support I need to undertake my activities of daily living. However, it should NOT be seen as or used as a baseline and all people with learning disabilities should be assumed to have capacity until assessed otherwise.

How I communicate:



What to do when I'm anxious:



How do you know if I am in pain?

Does the patient have a DisDat (Disability Pain & Distress Ax)?

How I take medication:



For current medication please see MAR

Things you MUST know about me

How I eat:

(On my own/with others, method of eating, particular foods or consistencies can/can't eat, do/don't like etc)



How I drink:

(Particular drinks can/can't drink, do/don't like, method of drinking, consistency/thickened fluids etc)



How I use the toilet:

(Continance aids, help to get to the toilet)

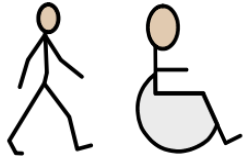


Personal Care:

(Dressing, washing, etc)

How I mobilise:

(Posture in bed, walking aids)



Sleeping:

(Sleep pattern/ routine)



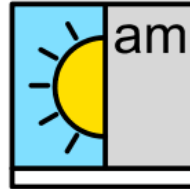
My baseline and routine

What I'm usually like...



(e.g. I am normally very chatty and enjoy talking to everyone, I don't smile that often but that doesn't mean I'm not enjoying something, I am very curious so will often ask lots of questions etc.)

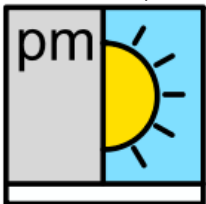
My morning routine



(e.g. I am a morning person and like to be up for breakfast around 8am, I then enjoy going on walks and get quite restless if this routine is broken. Please ensure that if I have my Scooby doo slippers with me they are offered for this walk as they are my favourite slippers. I am a very active person etc.)

My afternoon/evening routine

(e.g. after lunch I like to have a nap for roughly an hour, I will then normally chat or do some drawings for most of the afternoon – this is my chill time. After dinner I like a book read to me before bed so please if this isn't available explain that to me as I may become distressed if I don't understand why my routine has changed. I go to bed around 10pm etc.)



Communication

Wherever possible we will:

- Present information in a written or visual format and respect the need for you to process it without pressure.
- Give clear, step by step information about what is happening, when and with whom in a written or visual format.
- Give advance warning where possible of changes of plan or routine.
- Keep verbal communication brief and to the point especially at times of stress.
- Avoid using face to face communication unless unavoidable.



Please describe anything else which will help us communicate effectively and sensitively with you:

Socialising / interacting with others

Wherever possible we will:

- Use a traffic light or similar discreet system to judge whether or not you are able to engage in social interaction
- Respect your preference or need for solitude and rest after social interaction
- Avoid involving you in small talk unless you wish it
- Avoid overloading you with a lot of 'chat' or 'banter'
- Be respectful of your areas of interest and expertise



Please describe anything else which will help us create a comfortable social environment for you during your stay in hospital:

Sensory perception

Are you under (hypo) or over (hyper) sensitive in one or more sensory areas?
 If so please complete the box below. If possible please bring any stim items with you to hospital:

Sense	Over (tick)	Under (tick)	How does this affect you?
Touch/ texture			
Taste			
Smell			
Visual			
Hearing			
Balance			
Spatial awareness			
Perception of heat, cold, pain, need to use the toilet, Nausea etc.			

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Intense focus or interests

Wherever possible we will:

- Support your need to engage in and discuss your intense focus or interests
- Support your need to stim, to move away from or shut down/reset as a result of overstimulation
- Support your need for predictability & routine and your difficulty with change, ambiguity or interruptions to these, to thought processes or conversations



Please describe anything else which will help us create a comfortable environment for you during your stay in hospital:

Important Information – Family / Carers

Main carer / support:

Relationship to me:

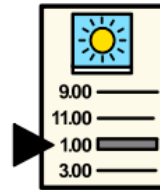
Address:

Tel No:



Please see [Family/carer & Hospital Partnership checklist](#)

Support to medical appointments:



Support for admissions to hospital:



Other services/professionals involved with me (e.g. social worker, health visitor and their contact numbers):



Religion:

Ethnicity:

Important Information – Play, Learning & Development

My college/ school/ nursery/ playgroup is called:



I go to school on these days:

My play group leader/ teacher is called:

My school Nurse is called:

My favourite toy and game to play is:



My favourite music is:



Notes & useful information



Catheter size & how often flushed	
Dressing type	
Gastrostomy tube type & size	
NG/NJ size	

Useful information & contacts

Family/carer & Hospital Partnership checklist

Make sure hospital staff has the right contact details

- Name of family and/or the person's support staff
- Emergency contact number for family/support staff

Will family/support staff be involved in providing aspects of care and support whilst the person is in hospital?

- Personal care: washing, changing, oral healthcare
- Support with eating and drinking
- Support with complex needs, for example postural care
- Support with managing anxieties or sensory sensitivities
- Communication support
- Support to keep safe



Be clear **who** is doing **what**, **when** and **how**

Does the person need family/support staff to be there to support and comfort them when difficult or painful procedures are happening, including surgery and post-surgery?

Does the person need family/support staff to stay overnight?

- If so, discuss what needs to be in place to enable this. For example:
- Where will family/support staff sleep and on what
- Can they get a pass for parking, access to the hospital canteen, washing facilities or other support to stay close to the person?

For support or further information please contact Children's Learning Disability Liaison Nurse.

Monday to Friday from 8am to 5pm, excluding bank holidays and annual leave days.

~~For support or further information please contact~~

To make a referral ask the staff in the department to the Learning Disability Liaison Nurse.

~~(Mon to Fri, 9.00am to 5.00pm)~~

At Kings College NHS Trust Your Children Learning Disability Liaison Nurse is

~~Learning Disability & Autism CNS: Alexander Walker~~

~~Learning Disability & Autism CNS and Practice Educator: Ema Mae West~~

~~Learning Disability Play Worker: Ellie Butcher~~



Phone: 02074059200 ext. 8465

Email: learning_disability@gosh.nhs.uk

This document was developed solely by Tim Harrison & Anna Blair. Adapted
Further adapted for Kings College Hospital by Shevon D



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Please contact the LD Nurse if you need support with accessing hospital services, or if you have any questions about this document