

This is my Children's Patient Passport

Important information on safeguarding and supporting children and adolescents in acute hospital settings

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

Nursing, Therapists 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

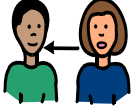
This passport belongs to me - please return it when I am discharged.

Red – Things you must know about me

My name:	<input type="text"/>	Date of birth:	<input type="text"/>
Please call me:	<input type="text"/>	Hospital No.:	<input type="text"/>
Religion:	<input type="text"/>		

These are the people that need to be contacted:

e.g. School nurse/HV/GP

	Name & Role	Telephone Number
	1. <input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>



Allergies & Current Medication



Capacity & support needed for consent

(Please note consult me & my carer's about 'quality of life' value judgements, including resuscitation status)



Past Medical Interventions



How I communicate / what language I speak



Behaviours that may cause risk (challenging)



Eating and drinking Issues



Specific support needed

Amber – Things that are really important to me!



Communication



Eating and Drinking



Personal Care



Keeping Safe



Pain and Medical Interventions - how to make them easier



Level of Care and Support needed in hospital

Green – Things I would like to happen (My likes and dislikes)



Things that I don't like and might upset me!



Things that I like and things that calm me down when I'm upset!
e.g. Favourite toys

For staff use

Development stage:

e.g. walking, crawling, sitting up, sitting unaided

Additional information

**Catheter size/
how often flushed:**

Dressing type:

**Gastrostomy tube
type/size**

NJ/NGT size:

Completed by:

**Designation/
Relationship**

Date:

This form should be completed before or on admission.

Allergies: Write known allergies e.g. Penicillin, peanuts, latex or other.

Current Medication: List all medications being taken e.g. Sodium valporate, thyroxine, antibiotics or other.

Medical conditions: List all known medical conditions e.g. diabetes, heart, breathing problems or other.

Behaviour that may cause risk: Write down any behaviour that may be challenging or cause risk to self or others (if possible provide guidelines)

Eating and drinking: Write down if the person had difficulties with eating and drinking (if guidelines have been written by community speech & language therapist, bring to hospital)

Communication: Write down any visual or hearing impairments and bring along glasses and hearing aids to the hospital (clearly labelled). Write down expression and understanding e.g. vocalisation (grunts, noises, sounds), verbal/non verbal, makaton sign user, written/pictures/objects or reference, body language and physical behaviour (describe what certain movements/gestures mean).

Medical Interventions: Write down how to approach the person when staff attempt to take blood, temperature, blood pressure, give injections and medications.

Eating and Drinking: Write down any special diets (soft, gluten free, diabetic, low fat or high fibre diets). Specialised eating and drinking equipment (dysphagia mug, curved spoon, lipped plate, straw, on slip plate mats). Write down if independent in eating and drinking, or requires extra support or close supervision, feeding regime and NJ/NG.

Personal Care: Write down if support is required for personal care and if so, describe what is required (e.g. assistance with toileting, bathing, personal hygiene, dressing).

Keeping Safe: Write down and inform staff if there are any special measures to maintain safety e.g. bed rails – to prevent falling out of bed, behaviour support guidelines, type of supervision needed.

Things I don't like and might upset me: Please provide a brief description of things that might cause distress to me e.g. noisy wards, crowds and people standing near me, not preparing me for certain medical/care procedures (like injections)

Things I like and things that calm me down when I'm upset: Please provide a brief description of things that might calm me down e.g. listening to music, watching TV, looking at books, tell me what I will be doing or setting clear routines for me.

This passport was developed by Richmond and Hounslow Community Learning Disability Teams.