

# This is my Health Passport

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

**My name is:**

Completed By:

Date:

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- ★ If I have to go to hospital then this needs to go with me. It gives staff important information about me.
- ★ Nursing, Therapeutic and Medical staff please look at my passport before you do any interventions with me.
- ★ I may need support regarding consent and capacity.






**Things you must know about me**




**Things that are important to me**

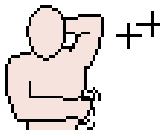
**My likes and dislikes**

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

# Things you must know about me

 <b>My Name:</b>	<b>NHS Number:</b>
 <b>Address:</b>	 <b>Date of Birth:</b>
	 <b>GP:</b>
 <b>Tel. No. :</b>	<b>GP Address:</b>

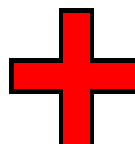
 <b>Next of Kin:</b>	 <b>Tel. No. :</b>
<b>Relationship:</b>	
 <b>Key Worker:</b>	 <b>Tel. No. :</b>
<b>Relationship:</b>	
 <b>Religion:</b>	<b>Religious Requests:</b>

	<b>Allergies</b>

**Current medication and how I take it**



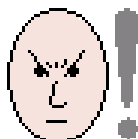
**Previous medical conditions and brief medical history**



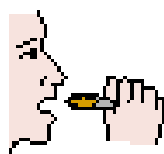
**How I communicate**



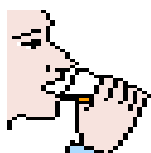
**Behaviours that may cause risk**



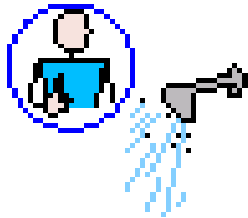
**Eating (e.g. food cut up, choking, help with feeding)**



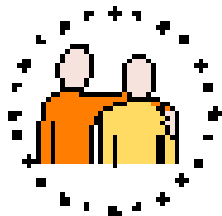
**Drinking (e.g. swallowing, small amounts, choking)**



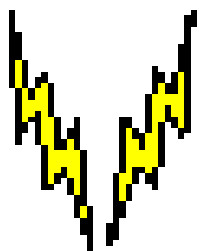
# Things that are important to me



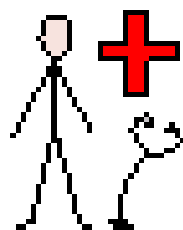
**Personal Care (e.g. dressing, washing)**



**Keeping Safe**



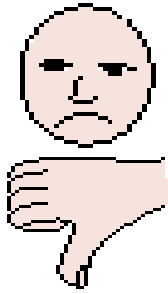
**Pain (i.e. how you know that I am in pain)**



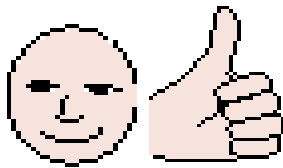
**Level of Care and Support needed in hospital**

# 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



**This form should be completed before or on admission.**

**Please consider the following:**

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

**Current Medication:** List all regular and emergency medications being taken.

**Medical conditions:** List all known medical conditions e.g. diabetes, epilepsy, heart or 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 child/young 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 child/young 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, slip plate mats). Write down if independent in eating and drinking, or requires extra support or close supervision, feeding regime and gastrostomy etc.

**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.