

# MY HOSPITAL PASSPORT

Supporting me in hospital.

My name is:

I like to be known as:

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

It gives hospital staff important information about me.

Please keep this at the end of my bed.

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

Date of completion:

Date of review:



**Things you must know immediately**

**Things that will help you support me**

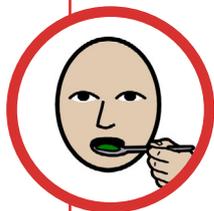
**Things that will help make my stay better**

## Things you must know immediately

**Communication** (speaking, easy words, pictures, signs, photos, objects, Makaton)



**Eating and drinking** (support, special cups or cutlery, thickened fluids, soft diet)



**Positioning and mobility** (walking aid, wheelchair, sleep system, profiling bed)



**How will you know I am in pain?**

(I will tell you, body language, facial expressions or noises/sounds)



## Things that will help you support me

**Health conditions** (eg. epilepsy, diabetes, asthma, heart problems)



**Personal care** (help, washing, dressing, toileting needs)



**Support I may need during a procedure / medical intervention**



**Sensory needs** (sensory equipment, loud noises, bright lights, tactile)



## Things that will help make my stay better

### Additional things that will help me feel more comfortable



### Things that I may find upsetting whilst in hospital



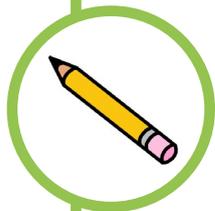
### Support I have in the community



### What I need for a safe discharge



## Additional Information / Notes



# USEFUL CONTACT INFORMATION



## Community Team

Empty box for entering contact information for the Community Team.

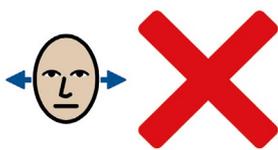


## Hospital Liaison

Empty box for entering contact information for the Hospital Liaison.



## Communication Tool



Developed in partnership with: