

This is my

Hospital Passport

Name:
DOB:
NHS number:
Address:



I have a PAC plan (advanced care plan)

Yes

No

I have an emergency care plan Yes □ No □

My hospital 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.

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Important information about	me
I like to be called:	•••••••••••••••••
My parents/guardians are:	•••••••••••••••••••••••••••••••••••••••
	••••••
	••••••
	•••••••••••••••••••••••••••••••••••••••
My contact phone numbers	•
	••••••
	••••••
	•••••
Who do I live with?:	••••••••••••••••••••••••
• • • • • • • • •	••••••••••••
••••••	

Completed by:...... Date......

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Important information about me
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Who gives consent about my care (parent/guardian)?
My allergies
My spiritual/religious needs
••••••••

Completed by:...... Date......

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Completed by:	Date

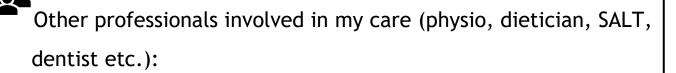
Important information about me



My GP details



My Hospital Consultants





My Social worker is:

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Completed by:	Date

Important information about me

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How to communicate with me (first language, PECS etc.):

My breathing (I do/do not have ventilation or oxygen at home):

How do I eat & drink? (Thickenner, cut up, NG) How do you know if I'm hungry/thirsty?

How I take my medicines (crushed tablets, injections, syrup, by mouth, feeding tube:

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Important information about me



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Completed by:.	 Date

How to look after me

How do you know if I'm uncomfort	table or scared?	•
•		
How do I move around? (Wheelcha	air, hoist, frame	e etc.):
How is my vision/hearing?	Glasses 🗆	Hearing aids 🗆
How do I wash / dress?		

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How to look after me



How to keep me safe? (Supervision need, bed rails etc.)



How do I use the toilet?

How do I sleep? (routine etc.)



Anything else important to me?

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My likes and dislikes

<u>Likes</u>	<u>Dislikes</u>	

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I AMPLATAD DV/*	ΠΙΣΤΩ
	Date

Medicines

Please keep this list up to date, by crossing off any medications when no longer used.

Please re-write medicines when the dose is changed. More medication sheets can be obtained from you consultant's secretary.

Medication & strength (mg per ml)	Dose (mg or ml)	How many times per day	Route (mouth, NG)	Date started	Date stopped
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I AMPLATAGENIA	11210
	Date

Medicines

Medication & strength (mg per ml)	Dose (mg or ml)	How many times per day	Route (mouth, NG)	Date started	Date stopped

"This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg".

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