The Royal Wolverhampton
NHS Trust

This is me
My Care Passport

It should be kept with me and brought with me into any care setting, including hospital.

My name is:

I like to be known as:

Please return my passport to me when I go home.

This is essential reading for all staff working with me. It gives important information about me. This passport should be kept visible and used when you talk to me or think about me.

Things you must know to keep me safe

Things that are important to me

My likes and dislikes

This passport is as a pdf file that can be typed into, saved and updated using Adobe Acrobat Reader.

More basic information about me

This passport needs to be updated if my needs change.

Where I currently live:

For example - supported living or my family home.

Hours of support I get each day:

Who to contact for more information about me:

Please say name, role and contact phone number.

Other key professionals involved in my care:

Please say name, role and contact phone number.

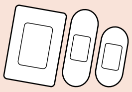
Key person / people to liaise with about my admission and discharge:

This passport was filled in by:

Date:

Things you must know about me

1. Adverse drug reactions, allergies or intolerances.



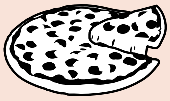
Please give details including what my reactions would be.

2. Communication - How well I use and understand speech

Other ways I communicate - signing, pictures or other languages ?
How I show how I feel. How I communicate yes and no.

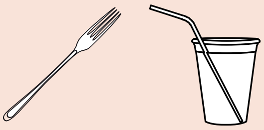
How to interact with me

3. Food and drink - Food allergies / intolerances and help choosing



Do I need help filling in menus? How I make food and drink choices.
See also the likes and dislikes section.

4. Eating and drinking - What help I need



Does my food need to be cut up or liquidised? Do I use dentures to eat?
Do I use special equipment?

If there is a risk I may choke please give details of my management plan and seating & posture.

5. Pain - How I show I'm in pain and how to support me

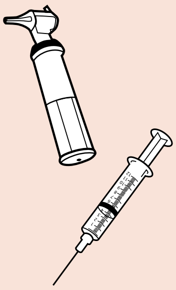
6. Other medical conditions - Such as diabetes, epilepsy, asthma and depression

See separate medication list.

7. How I take medication - One tablet at a time, on a spoon or via a syringe

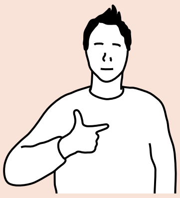
Do I need help to make sure I have swallowed?

8. How to support me with medical interventions

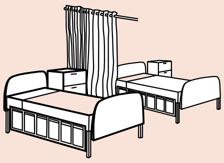


Things like taking my temperature, blood pressure, blood test and having injections.

9. How I usually am - for example do I sleep a lot, am I usually very quiet?



10. How do I react to strange places?



11. Keeping me safe Do I wander? Could I fall out of bed? Do I fall?

Please consider environmental risks.

12. Things that may worry or upset me - How I may show this.

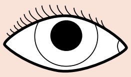
13. How to support me if I’m anxious or upset - Also see the likes and dislikes section.

14. Behaviours I have that may be challenging or cause risk

What you can do to support me with my behaviours - things that help me relax.

15. My sight Any problems I have, aids I use like glasses or magnifying glass.

Can I clean my glasses myself?



16. My hearing - Any problems I have, aids I use like a hearing aid?

Can I put my hearing aid in myself? Do I know how to turn it on?

17. Other vital information - Such as advance care decision.

If I have a ‘Lasting Power of Attorney’ please specify whether it covers ‘Health and Welfare’ and/or ‘Finance and Property’. Please also say if I have an ‘End of Life Care Plan’.

Please also say who holds these documents and how to contact them.

The Mental Capacity Act has five key principles:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. People must be supported as much as possible to make a decision before anyone concludes that they cannot make their own decision. If a lack of capacity is established it is still important to involve the person as far as possible in making decisions.
3. People have the right to make what others regard as an unwise or eccentric decision.
4. Everyone has their own values, beliefs and preferences which may be different to other people. They should not be treated as lacking capacity for that reason.
5. Anything done for, or on behalf of, a person who lacks capacity must be done in their best interests.

Information on the Mental Capacity Act is available from:
www.publicguardian.gov.uk

Things that are important to me

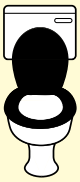
Important people

Family, friends & staff who support me.

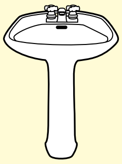
Level of support I need when well

Who needs to stay and how often.

How I use the toilet when I am well -e.g. continence aids and getting to the toilet.

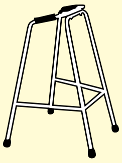


Personal care - support I need with things like dressing, washing and teeth cleaning.



Moving around - for example posture in bed, walking aids and wheelchair.

Do I need help with moving around?



Sleeping - my sleep pattern / routine / time of waking.

My likes and dislikes

Things I like

Could include:

Music, TV, foods, activities and how I relax.

Things I don't like

Could include:

Things that worry me, foods, activities and ways I don't like being treated.

My history - What is important that you know about my life (past and present)

Please also use this space for any further information.

Patient / Carer checklist

Please ensure any essential care plans are provided:

- ☐ Communication
- ☐ Epilepsy
- ☐ Dysphagia / Dietary
- ☐ Behaviour / Forensic
- ☐ MAR Sheets
- ☐ ReSPECT forms

The Royal Wolverhampton NHS Trust Learning Disability Team can be contacted on 01902 307999 ext. 85163

Adapted from Sunderland Clinical Commissioning Group Care Passport.

Based on a previous 'Hospital Passport' this version is designed to be used for all people within a variety of care settings.

This version has been adapted from the original version produced for use in Surrey.

Version 1- May 2015