



FBH245490



Surname: EXAMPLE

UR No: 555555

Given Name: PATIENT

DOB: dd/mm/yyyy

Sex: M/F

(use label if available)

# This is my Hospital Passport

If I have to go to hospital, this book needs to go with me. It gives hospital staff important information about me.

It should be kept by my bed and a copy should be put in my file.



Nursing and medical staff please look at my passport before you do any interventions with me.



Name: **Example Patient**



Date of birth: **dd/mm/yyyy**



Address: **1 Main Street  
Suburb  
State. Postcode**



Language/culture: **English**

Interpreter required: **No**

This Hospital Passport is based on original work by South West London Access to Acute Group and Gloucester Partnership NHS Trust.



The Hospital Passport was completed on: dd/mm/yyyy

Review date: dd/mm/yyyy



Contact 1: Name  
 Relationship: e.g. parent, sibling  
 Contact information:  
 Phone  
 Address for correspondence  
 or email if applicable

Contact 2: Name  
 Relationship: e.g. spouse, key worker  
 Contact information:  
 Phone  
 Address for correspondence  
 or email if applicable

Please discuss my treatment and decisions with: Name, phone



My GP: GP Name  
 Contact information: Clinic Name  
 Address  
 Phone Fax

Other people involved in my care: (e.g. case manager, physiotherapist - include contact details)  
 - Name, Title/Role, organisation, best contact (phone, email etc.)



I identify as:  
 Aboriginal  Torres Strait Islander  Prefer not to say  Neither   
 Please refer me to the Aboriginal Hospital Liaison Officer



Allergies:  
 Latex - causes skin irritation to exposed areas



**Summary of current condition and past medical history:** (including details of any previous procedures)  
 Autism and Intellectual Disability diagnosed in childhood (age/year where possible)  
 1995 - Tonsillectomy, adenoidectomy, grommets (name of hospital)  
 1999-2004 - Epilepsy, petit mal seizures  
 2015 - Injury to leg requiring sutures, airway compromise from excessive sedation  
 Annual dental examinations under general anaesthetic at [hospital name/s].

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### Medication summary:

Current as at [date completed]

- Medication name, dose, frequency, time of day
- e.g. Fluoxetine 40mg b.d.
- e.g. Risperidone 2mg b.d.
- e.g. Diazepam DP 5mg PRN for agitation (up to 2 x daily)
- e.g. Paracetamol 1g 4/24 PRN

Medication dispensed by [pharmacy name and contact details].



### What I do when I am anxious: (e.g. behaviours during times of stress etc.)

- Raise my voice, yell "no!"
- Push/charge at people
- Pick up objects to throw - this may damage walls, furniture etc.
- I will try to escape or run away any chance I get - I do not like hospitals
- Bite myself any others if restrained
- Bang doors or bang on objects close to me

### How you can help when I am anxious:

- Keep out of my space, allow my parent or carer to be with me and reassure me
- Be calm at all times, don't raise your voice or use negative language
- Talk to me, reassure me and distract me - check the list of things I like on page 6 for ideas on what might help
- I need constant supervision, I will try to get away if I'm left alone
- Give PRN meds / IV sedative if appropriate
- Consider whether pain is contributing to my behaviour and administer pain relief as appropriate



### How to communicate with me:

- Make eye contact with me
- Use positive language and tone of voice
- Gently tell me what you are going to do rather than asking me  
e.g. "I'm going to have a look at your tummy" instead of "Can you show me your tummy?"
- Make sure you have my attention before asking or explaining anything
- Give me time to process information

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**How to give medical care:** (e.g. taking BP, giving injections)

- Explain what you are going to do before you do it  
e.g. Before taking my blood pressure say "I'm going to put this cuff around your arm"
- Use clear, short instructions or requests e.g. "lift your arm"
- Try not to use questions e.g. Say "Please open your mouth" instead of "Can you open your mouth?"
- I will need to be sedated for blood tests or cannulation
- Minimise the number of people in the room, dim lights and turn off beeping/alarms when able.



**How I take medication:** (e.g. crushed, liquids)

I take tablets whole with a drink of water or milk.



**How you know if I'm in pain:**

I may not be able to tell you I'm in pain, so I will appear distressed and agitated.  
See 'What I do when I am anxious' on page 3.  
I may not be able to locate my pain, so please observe my behaviour and work with my carers.



**How I move around:**

I can walk independently and can be very quick on my feet.  
I will sometimes wander in new or unfamiliar environments and need someone with me to keep me safe.



**How to help me with personal care:** (e.g. bathing, dressing)

I need someone to remind me and talk me through showering, dressing, toileting, washing hands, etc. but I do not need any physical assistance.

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**My sight and hearing:**

I have good vision and hearing.

**How I eat:** (e.g. type of diet, tube feeding, level of assistance)

I eat a normal diet and I love food.

I will overeat if left alone with food, sometimes I might take food from others because I don't understand that it's not mine.

**How I drink:** (e.g. thickened fluids, type of cup, level of assistance)

I usually drink from a cup or water bottle.

Sometimes I might forget to drink and need reminding to have some water.

**How to keep me safe:** (e.g. bed rails, supervision)

I feel safest when I have familiar people around me, e.g. my parents, support workers etc.  
I need constant supervision because I will wander off or try to get away if left alone.

**How I use the toilet:** (e.g. continence aids, level of assistance)

I am continent of urine and faeces.

If I am distracted or focused on something I may not realise I need to go to the toilet. If I start pulling on my pants please encourage me to get to the toilet quickly.

**How I sleep:** (e.g. routines, patterns)

I find it very hard to sleep in unfamiliar environments.

Usually I sleep without the need for any medication and go to bed around 9pm.

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# My likes and dislikes

## Things I like:



- Food, especially sweets
- Music and dancing, I like all types of music
- Cars, buses, trucks. When I meet someone new I like to hear about their car/s.
- Puzzles
- Playing on the iPad
- Picture books and colouring books
- Looking at photos of myself and my friends, family, carers.
- Bright colours

## Things I don't like:



- Crowds
- Loud noises (except music)
- Bright lights or camera flashes
- Negative language or yelling
- Waiting, being bored
- Needles



## My normal day: (e.g. routines, schedules, community participation)

I usually wake up around 7am.  
I like going to see my friends at Scope 3 days a week. We do lots of fun activities together.  
I go to the library every second week.  
I have a special lunch with my whole family every Sunday.

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# Notes



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# Getting ready for discharge

**During your hospital stay, the doctors and staff will work with you to plan for your discharge. You, your family and caregivers are important members of the planning team. It is good for you to ask questions and get as much information as you can before you leave hospital. You can use this page as a guide to help get ready for discharge.**

## **Your health:**

- Ask your doctors and nurses about:
  - Your health condition and what you can do to help yourself get better
  - Problems to watch out for and what to do about them. This may include possible reasons why you might need to come back to hospital or to see your GP. Make sure you have a phone number to call in case you have problems
  - Any follow up appointments that have been made or that will need to be booked with your GP
  - Any special care instructions, such as changing dressings. Ask the nurse to show you and your caregiver how to do these tasks.
- If you are being discharged and you do not feel well enough, ask the nurse if you can speak to the treating doctor or the Nurse Unit Manager to discuss your concerns.

## **Your medications:**

- Ask your doctor if there have been any changes to your medications, and make sure you have a copy of your updated medication list.
- A hospital pharmacist should visit you before you go home. Talk to the pharmacist about your medications, including when and how you should take them and any possible side effects.
- You may need to ask the pharmacist to send your medication list to your chemist.

## **Your support:**

- Ask your nurse and care team:
  - If you have been referred to any community services, specialists or other health services
  - About any equipment you might need to keep you safe
  - About any help you might need with day to day tasks like showering
  - If there is any special diet you need to follow
  - About talking to a Social Worker if you are feeling worried about leaving hospital or how you are coping with your health and wellbeing.