

Birmingham Children's Hospital



NHS Foundation Trust

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Hospital Passport

things you
MUST
know about me

things you
NEED
to know about me

things you
SHOULD
know about me

This hospital passport gives you important information about me during my visit or stay in hospital. Staff should:

- Read it
- Place a copy in my notes
- Hang it on the end of my bed





Please tick completed sections

things you **MUST** know about me

- ☐ All about me
- ☐ My daily routine
- ☐ Medical stuff
- ☐ How I communicate
- ☐ Sensory information

- ☐ When will I be going home
- ☐ My personal information
- ☐ My likes and dislikes
- ☐ My personal care needs
- ☐ Eating and drinking
- ☐ Seating and mobility

- ☐ Behaviour plan
- ☐ Epilepsy plan
- ☐ Eating and drinking plan
- ☐ Physiotherapy plan
- ☐ Discharge plan
- ☐ Record of my health appointments
- ☐ Young person growing up (Transition plan)
- ☐ Record updates and reviews

- ☐ **Advance care plan**
(If ticked, please view my health records)



All about me

things you
MUST
know about me



My name is:



I like to be called: _____

My diagnosis and how it affects me: _____

How you can support me: _____

My daily routine

things you
MUST
know about me

This is how I understand the word **routine**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



My daily routine



things you
MUST
know about me

Time	Morning
Time	Afternoon
Time	Evening
Time	Night-time



Medical stuff

things you
MUST
know about me

This is how I understand the word **pain**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



Medical stuff



things you
MUST
know about me

Allergies I have: _____

Current medication and how I take it (syrup/crushed tablet/
through a syringe in my mouth/with food/other): _____

Current medical conditions and brief medical history: _____

When I'm ill or in pain, I will let you know by:





How I communicate



This is how I understand the word **communication**:
(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



How I communicate

things you
MUST
know about me

How I express myself:



My level of understanding and my ability to consent is: _____

How I say yes or no: _____

Communication aids I use (please tick any which apply):

Voice Output Communication Aid:

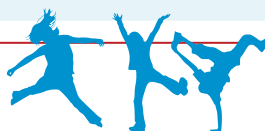


PECS (Picture Exchange Communication System):



Additional information

My understanding:



Sensory information

things you
MUST
know about me

This is how I understand the word **sensory**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



Sensory information



things you
MUST
know about me

A large, empty rectangular box with a red border, intended for a child to write or draw their sensory information.

How I get on with people:

A large, empty rectangular box with a red border, intended for a child to write or draw how they get on with people.

When will I
be going home?

things you
NEED
to know about me

This is how I understand **when I will be going home**:
(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



When will I be going home?



things you
NEED
to know about me

It is important to me to know when I will be going home.

To help me understand when I'm going home, you will need to do the following:

(For example, use my daily and visual schedule of number of nights, or when the doctor gives me the thumbs up, etc.):

Additional information



My personal information



things you
NEED
to know about me

My name is: _____

I live at: _____

Telephone no: _____ Date of birth: _____

My religion is: _____

My ethnic background is: _____

You can help me to support my culture and beliefs by: _____

My next of kin is: _____

Relationship to me: _____

Language they speak: _____

My GP is: _____

Address: _____

Telephone no: _____

Additional information



My likes and dislikes

things you
NEED
to know about me

This is how I understand **different emotions**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



My likes and dislikes



things you
NEED
to know about me

Things I like:

Things I don't like:

When I'm happy:

When I'm grumpy, angry or annoyed:

My personal care needs

things you
NEED
to know about me

This is how I understand **dressing, washing and sleep**:
(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



My personal care needs



things you
NEED
to know about me

Dressing and washing:
(Shower or bath, assistance required, routine etc.)

Going to the toilet:
(Required areas, assistance, how the need is communicated)

Sleeping:
(For example, sleep pattern, sleep routine)

Level of care:
(For example, who needs to stay and how often)



Eating and drinking

things you
NEED
to know about me

This is how I understand **eating and drinking**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



Eating and drinking



things you
NEED
to know about me

I have an Eating and Drinking Plan:

Yes:  No:  If yes, please refer to plan in the green section.

My swallowing needs are: _____

My favourite foods and drinks are: _____

How the food and drink need to be presented: _____

The foods and drinks I do not like are: _____

Seating and mobility



(Physiotherapy Plan, Mobility Aids, Positioning)

I have a Physiotherapy Plan:

Yes:  No:  If yes, please refer to plan in the green section.

My mobility aid and positioning:

Behaviour plan

things you
SHOULD
know about me

This is how I understand **good behaviour and bad behaviour**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



Behaviour plan



things you
SHOULD
know about me

I have a Behaviour Plan:

Yes: ☐ No: ☐ Please refer to my behaviour plan if I have one.

How others can help me to manage my behaviour:

Triggers to avoid such as:

How you can encourage me to continually display positive behaviour:

If my behaviour becomes difficult, the following strategies may help:

My attention can be diverted to something positive by:

This is how you can calm me down:





Epilepsy plan



things you
SHOULD
know about me

I have an Epilepsy Protocol:

Yes: ☐ No: ☐ If yes, please attach it to my hospital passport.

When I am about to have a seizure(s), this is what to look out for:

You need to know my triggers:

The frequency of my seizures is:

After I have a seizure, I recover by:

Eating and drinking plan

things you
SHOULD
know about me

This is how I understand **eating and drinking**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



Eating and drinking plan



things you
SHOULD
know about me

How I eat and drink:

Position and equipment I use to eat and drink:

My eating and drinking plan:

My Speech and Language Therapist, Dietician contact details:

Telephone no: _____ Date of last review: _____



Physiotherapy plan

things you
SHOULD
know about me

This is how I understand **physiotherapy**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)





Physiotherapy plan

things you
SHOULD
know about me

How I get around:

Equipment I use to get around:

My physiotherapy plan is:

Who does my physiotherapy:

My Physiotherapist is:

Telephone no: _____ Date of last review: _____



Discharge plan

things you
SHOULD
know about me

This is how I understand **that I will be going home:**

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)



Discharge plan

things you
SHOULD
know about me

Things to consider when planning my discharge: (For example, any changes in my health care needs, how do my parents/carers feel about my discharge, do they understand my follow-up plan of treatment)

What can you do to support my discharge:

Key people to invite to my discharge meeting:

Key things that will support me with my discharge:

Eating: _____

Drinking: _____

Mobility: _____

Transport: _____

Equipment: _____

Medication: _____

Temperature: _____

Update my Hospital Passport: _____



Record of my health appointments

things you
SHOULD
know about me

This is how I understand **my appointments for my health needs:**

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)






Record of my health appointments



things you
SHOULD
know about me

Appointment with and place	The reason for appointment	Support I require	Date and Time




Young person growing up (Transition plan)

things you
SHOULD
know about me

This is how I understand **growing up**:

(Please stick a picture, symbol, makaton sign or even words and sentences in the space below)





Young person growing up (Transition plan)

things you
SHOULD
know about me

Name of person	Organisation	Contact telephone	Email address

To help me understand and make decisions and give my consent about my care and treatment, please speak to:

Name: _____

Telephone no: _____

Record updates and reviews

things you
SHOULD
know about me



You need to complete this page each time you make a change and review my Communication Passport.

Please confirm the agreed time my Communication Passport will be reviewed:



Every 3 months



Every 6 months



Every year



Other: _____

Date changes made to my Communication Passport	My Communication Passport was updated by: (please confirm person's name)	What were the changes made to my Communication Passport?	What information was added to my Communication Passport?

Designated person responsible for updating passport is (please tick):



Parent



Professional

Name: _____ Job title: _____

People who have copies of my Communication Passport are:



Acknowledgements

This hospital passport has been produced by Raj Jhamat, Senior Health Facilitator for Learning Disabilities, with the help of children, young people and their families.



in aid of



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