

Affix Patient ID Label here or write:

Patient Name:

Date of Birth:

Hospital Number:



NHS
Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Hospital Passport

For people living with dementia, delirium and/or have difficulties expressing their needs (for patients with learning difficulties or autism please use Learning Disabilities passport).

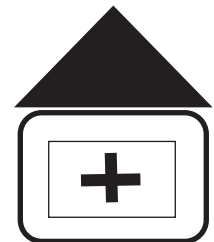
My name is:

I like to be known as:

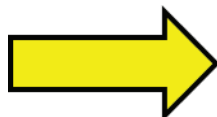
Completed by:

Stick your
Photo here

Nursing and Medical Staff please look at my Hospital Passport before you help me.



Things you must know about me

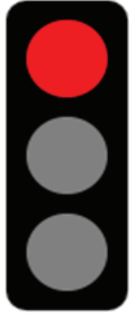


Things that are important to me



My likes and dislikes

This document should be discharged with the patient and a photocopy retained in their notes.



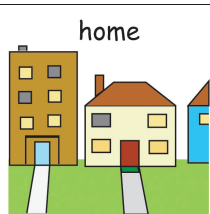
Things you must know about me...

Please ask someone who knows you to help complete this form with you.

Are they a: relative/friend/next of kin/carer/other (please state):

Their name and contact number:

Anyone else you wish us to contact, name and number:



Where I live and who I live with now



Where I lived when I was growing up and who with?



At home I have support from:

Care workers (Company name/ number of carers I have/ days and times of all the calls)

Did my package of care meet my needs prior to admission? Yes/No

Support received by family/friends/neighbours or others. Please give an indication of what support is received.



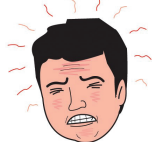
Other people involved in my care

e.g. District Nurses, Frailty Team, Social Worker, Continence Team, Age UK, Alzheimer's Society.



Things you must know about me...

It hurts



Pain:

Please tell us about anywhere you have pain on or in your body.

If you get pain, are you able to tell someone or how would we be able to tell?

What do you do to help your pain go away?

medicine



Medication

Do you need help taking your medication normally? Yes / No

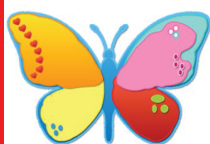
(If yes what help do you need?)

Do you have tablets whole/halved/crushed/dissolved or liquid medication?

How do you take liquid medication on a spoon/in a pill pot/do you need it thickening?

Do you have, or would need medications in blister packs so that carers can support you?

Do you have any critical medications (i.e. Parkinsons, epilepsy, dementia or pain relief)?



End of Life Plans

Do you have end of life plans in place including Preferred Priorities for Care/ an Advanced Care Plan/ an Anticipatory Clinical Management Plan/ or Gold Standards Framework?

Where is this document kept?

Do you have a Lasting Power of Attorney for health and well-being? Yes/No

Please give the name of the Attorney:

Do you have a Lasting Power of Attorney for finance? Yes/No

Please give the name of the Attorney:



Things you need to know about me which are important

walking stick



walker



How I move.

How I get out of bed (independently, assistance of 1/2/hoist)

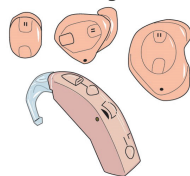
How I stand (independently, with assistance of 1/2/stand aid/turner/hoist)

How mobile am I? (Distance, independent, assistance of 1/2/walking aid)

glasses



hearing aid



Hearing and vision

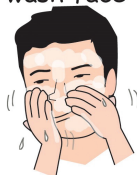
Normally I wear glasses / hearing aids (left/right or both)?

How I like people to communicate with me (voice tone, volume, touch)

Do I need eye contact to establish communication? Yes/No

Do I need quiet and time to think to concentrate? Yes/No

wash face



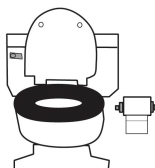
Personal Care

I like to wash (independently, with assistance, seated, standing, bath, shower, sink)

I like to brush my teeth (independently, with assistance)

Do I wear dentures (top/bottom or both)?

toilet

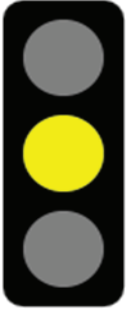


Toileting and continence

I like to go to the toilet independently/with assistance

I use any specific products/equipment to help with my toileting and am I under the care of any continence team?

Do I have any problems with my skin?



Things you need to know about me which are important



Day and Night

My normal day pattern is (time I wake up/what I do)

My night pattern and preferences (time, bed rails, light, comforters, door open/closed, toileting)



Meals

What foods do I like/dislike?

Do I have any swallowing difficulties/special dietary needs?

Do I need any assistance when eating (cutting up food, assistance to eat)?

Where do I like to eat my meals (chair, lounge, private, group setting)?



Drinks

Usual drink pattern (volume, frequency, drink, altered thickness)

What drinks do I like/dislike?

Type of drink container cup, mug, beaker, glass, use of straw



Things that are helpful for you to know

worried



Things that cause me to be upset, worried, agitated, or anxious

anxious



angry



What will I do to display that I am upset, anxious, worried, or agitated?

happy

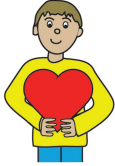


Things that make me happy, relaxed, safe and reassured



Things that are helpful for you to know

My favorite



What matters to me.

photo book



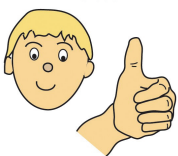
party hat



What topics do I enjoy talking about?

Family, job, or career

I like



What do I like?

Hobbies, photos, memory books, music, anything you can bring in to help me to settle



You can email a letter or photos to your loved one whilst they are in Hospital to:

soh-tr.lettertolovedones@nhs.uk

Additional sources of support and information

We at Southport and Ormskirk NHS Trust understand that being in hospital can be a distressing and confusing time, and this document is used by our staff to support our patients during their admission.

This passport can be used by anyone experiencing temporary confusion or delirium, living with additional needs such as brain injury or dementia.

We have included some useful information below but understand that it may not be applicable to all our patients. As such, we would like to assure all those who utilise this document that this does not constitute a “label” on any person and is not used to define people as a condition.

Hospital Dementia and Delirium Team:

Working hours: Monday-Friday 08:00-16:00

Contact: Hospital switchboard on 01704 547471 and ask for Dementia and Delirium team

Email address: soh-tr.dementiaanddeliriumteam@merseywestlancs.nhs.uk

You can contact the helplines below for advice and support:

Dementia Connect on 0333 150 3456

Admiral Nurse Dementia Helpline on 0800 888 6678

Dementia UK, Alzheimer’s Society and Age UK can provide information and your local ***Memory Clinic*** can also offer advice and support – please ask your GP about a referral to Memory Clinic if you feel this would benefit you.

After diagnosis there may be some very important issues that you may want to consider along with your family. You may want to spend some time thinking about financial and legal matters, Lasting Power of Attorney, Advanced decisions and day care/Respite services.

Useful websites:

www.dementiauk.org

www.r.c.psych.ac.uk

www.alzheimers.org.uk