

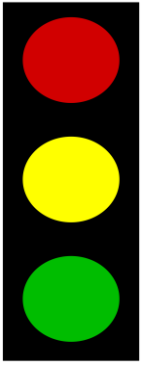
Helping me in Hospital



My Name is:

You can call me:

Date book completed / reviewed:



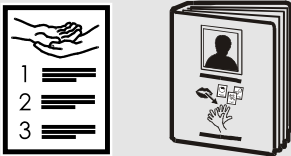
Information for patients



This booklet gives hospital staff important information about you; please make sure it is filled in as fully as possible.



Please take it with you if you have to go to hospital. Give it to the staff looking after you.



Please bring to hospital any current care plans for feeding, diet, mobility, posture, toileting, epilepsy, behaviour management and communication if you have them.

Hospital Staff - If a patient attends hospital with an already completed book please take a moment with the carer to ensure it is up to date! If the patient does not already have a booklet please supply one as soon as possible on admission and ask someone who knows the patient very well to complete it. Please ensure this booklet is placed in bedside notes or somewhere which is accessible to nursing staff! Do not leave in medical notes!

Booklet completed by:

Contact Tel. No:

My Information:			
Name:		Hospital No:	NHS No.:
Address:			Date of Birth:
Next of kin:		Relationship:	Tel No:
GP Name:		Surgery:	Tel No:
Others			Tel No:
Involved in my care:			Tel No:
			Tel No:

My Health: Do you suffer with any of the following conditions?		
	Yes / No	If yes please give details
Epilepsy		
Diabetes		
Sensory Problems		
Breathing		
Heart		
Mobility		
Mental Health		
Sores & Dressings		
Other (please specify)		
Allergies (other than medication allergies)		

My Medicines:

1. Always bring a supply of **ALL** your medicines including Insulin with you when you come to hospital.
2. Also bring an up-to-date list of medication from your GP. (MAR Sheet or repeat prescription slip).
3. On admission **ALWAYS** let us know when your next dose is due.
4. Always tell the doctor or nurse when you are in pain.
5. If you have any concerns about medication, **ALWAYS** discuss this with hospital staff.

I take my medication: Describe how you take your medication. What help do you need to take your medicine? Do you use tablets or liquid? Do you use a dossette box?	
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Are you allergic or sensitive to any medication	Medication Name	Allergy or Side Effect

Please give the following contact details in case the hospital needs more information about medication:

Named Main Carer	Tel No:	
Keyworker or Manager	Tel No:	
Pharmacy	Tel No:	
GP	Tel No:	

Hospital Staff - Consider how to give ESSENTIAL MEDICATION if patient is NBM! PLEASE CONTACT the main carer (details above) to discuss changes to medication, supply needs, future requirements, and disposal of discontinued medication BEFORE Discharge.

Information that will help you to care for me. (Please write as clearly as possible & provide

<p><u>Communication</u> - How I communicate / how to communicate with me / how to help me understand things.</p>	
<p><u>Moving around</u> - My posture in bed or in a wheelchair. Walking aids I use. How I get in and out of a bed or chair. My history of falls.</p>	
<p><u>Going to toilet</u> - Help I need to get to, and use the toilet. Continence aids that I use. (please tell staff if I have a toileting plan)</p>	
<p><u>Personal care</u> - Help I need to wash and dress. Include any special routines, or times.</p>	
<p><u>Eating & Drinking (swallowing)</u> - Help I need with eating and drinking Food cut up, choking risk. What special cutlery or equipment I use.</p>	
<p><u>Pain</u> - How you know when I am in pain.</p>	
<p><u>Sleeping</u> - Things that help me sleep. My sleep pattern and routine, posture in bed.</p>	
<p><u>Safety Needs</u> - Things you need to do to make me safe. Things like bed rails, or wandering off.</p>	
<p><u>My Anxieties and Behaviours</u> - Things like needles, noise, waiting or busy environments (and ways to manage these).</p>	
<p><u>Making decisions</u> - What help I need to make decisions and who can help me to make decisions</p>	
<p>N.B. - If I am unable to make choices or consent to my treatment the Mental Capacity Act 2005 must be followed with regard to what is in my Best Interests</p>	

Hospital staff: Consider the additional risks that people with a learning disability may present and how to address these risks. Do they need additional support? Negotiate with carers but DO NOT expect them to provide support. Complete the Additional Support Risk Assessment if necessary. If family carers provide support please implement the UHL Carers Charter and offer breaks, refreshments, comfy chair or z-bed if necessary.

Likes and Dislikes

Think about - what upsets you, what makes you happy, things you like to do, for example watching TV, reading, or listening to music; how you want people to talk to you; food likes & dislikes; physical touch or being held; special needs or routines; things that keep you feeling safe.

	THINGS I LIKE Please do this:	THINGS I DON'T LIKE Don't do this:
Food & Drink		
Hobbies / Interests		
Touching / Anxieties		
Talking About		
Special Needs / Routines		
Anything Else		

Hospital Staff: - Discharge Planning!

- Before considering discharge; please talk to the patient's main carer
- Ensure any information given on discharge is clear and that the patient and carer understand what they need to do to remain well

CONTACT NUMBER FOR PEOPLE WHO CAN HELP YOU!

Learning Disabilities Acute Liaison Nurses - 0116 250 2809

learningdisabilities@uhl-tr.nhs.uk