



Passport to Hospital Care

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RED	ANDED	
	AMBER	CDEEN
		GREEN



HOSPITAL ASSESSMENT

For people with learning difficulties.

This gives hospital staff important information about you.

Please take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.

Make sure that all the nurses who look after you read it.

RED - ALERT

Things you <u>must</u> know about me.

Name:	Next of Kin:
Address:	Address:
	Tel Number:
Telephone number: Date of Birth: Religion:	GP:
NHS No:	
Key Carers:	Professional contacts:
Brief Medical History	
Allergies:	
Current medication:	

How to Communicate with me.

AMBER Things that are really important to me.

Information sharing:	
How to help me	
understand things.	
_	
Seeing/hearing:	
Eating and	
drinking(swallowing):	
armang(owanowing).	
Taking medication:	
Going to the toilet:	
3	
Moving around:	
woving around:	
Keeping safe:	
Pain:	
Tani.	
Sleeping:	
Level of support:	
Personal care	
Personal care	
If needs admission requires	
	<u> </u>

Completed by:	Date:
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Capacity to Consent

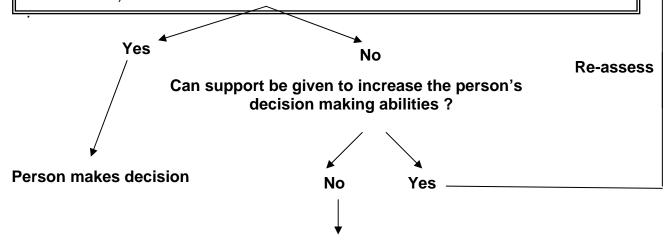
Bath and North East Somerset Integrated Adult Learning Difficulties Service Making Decisions – Flowchart

What is the healthcare decision (or decisions) to be made?

Identify the specific issue(s).

Is the person with LD able to carry out all 4 decision making steps?

- 1. **Understand the information** relevant to the decision (the consequences of the decision, in broad terms, including the benefits and risks, and the consequences of not making a decision).
- 2. **Retain the information** (for long enough to make the decision, with visual aids etc if appropriate).
- 3. **Use or weigh that information** as part of the process of making the decision.
- 4. **Communicate their decision** (whether by talking, sign language or other means).



A decision must be made in the person's best interests:

- Who is the decision maker? (identify the person responsible for making the decision e.g. Doctor or nurse re medical treatment, Social Worker re social care issue).
- Who else needs to be consulted about the person's best interests? (consult with full range of people involved in their care e.g. family, friends, staff/professionals). Does the decision require an Independent Mental Capacity Advocate? (i.e. serious medical treatment, LA or NHS accommodation change, sometimes Care Reviews or Vulnerable Adults Procedures).
- Involve the person as fully as possible.
- Consider past and present wishes and feelings (e.g. information within Person Centred Plans, other planning and reviews, from others who know person well).
- Do not make assumptions based on person's age, appearance, condition or behaviour.
- Clearly document the decision making process.

N.B. These principles should be applied to consent and decision making at all levels of health care provision – each issue needs to be considered separately (i.e. mental capacity must be assessed in relation to a specific issue).

MY FAMILY'S AND MY UNDERSTANDING OF MY CONDITION.

(It is important to consider The Mental Capacity Act 2005 in these sections, and remember that it may be appropriate to undertake a mental capacity assessment.)

MY UNDERSTANDING OF MY CONDITION.

	Yes	No	Guidelines
I understand the problem that the doctors are saying I have and what treatment I need. eg (the consequences of the decision, in broad terms, including the benefits and risks, and the consequences of not making a decision)			 Information must be objective and given clearly in the best way for the individual, to maximise their understanding. If information is considered harmful, this should be discussed with a wider team and recorded in the notes.
2. I am able to <u>retain</u> the relevant information? For long enough to make a decision, with visual aids if necessary.			Can be temporarily affected (e.g. confusion, anxiety, pain, shock, fatigue, medications - can all reduce ability to retain information).
3. I can <u>use or weigh</u> the information.			 Specific to the particular decision or issue, and a specific time. Abilities may change - require review. People may make decisions others think unwise.
4. I can <u>communicate</u> my decision?			 Can be non-verbal, but should be recorded and good practice to be witnessed by someone who is not seeking consent. Written consent (signature) = record but not valid unless all of criteria met.

WHAT I WOULD LIKE TO HAPPEN IF I BECAME SERIOUSLY ILL AND HOW I WOULD LIKE TO BE LOOKED AFTER.

Completed by:	Date:

GREEN				
Things I would like to happen.		Likes/dislikes.		
THINGS I LIKE Please do this:	©	THINGS I DON'T LIKE Don't do this:	8	
Think about – what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.				

Adapted from an original form designed by: Kevin Elliot, Health Facilitator, Gloucestershire Partnership NHS Trust