

Please read with current Learning Disability (LD) Hospital Passport (HP)

COVID-19 HOSPITAL PASSPORT

Stick photo here

The Human Rights Act is the main law in the UK that protects my human rights.

This law means staff in public bodies (including NHS) must always respect and protect my human rights, including during the Coronavirus period and when making decisions about restrictions and actions about the Coronavirus.

Name:

DOB:

Address:

Tel:

GP:

N.O.K /Advocate/ Representative Name and Tel:

Care Provider:

Tel:

Pre-existing Medical Conditions and Allergies:

Is there a DOLS in place?

Medication (Include dose form and time):

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To be completed prior to coming into hospital

Will the person be able to tolerate a Covid-19 swab test?

Date of last Covid-19 swab test if had in the community?

Any reasonable adjustments required to carry out Covid-19 swab testing?

Has the person been in any known contact with someone who has tested positive for Covid-19 in the last 10days?

Has the person developed any symptoms of Covid-19 or has there been any changes in behaviour or presentation recently? If so describe changes.

Has the person received a COVID 19 vaccination? YES/NO, (please delete as appropriate)

Date of first vaccination:

Date of second vaccination:

Any airway issues or historical concerns with general anaesthetic:

Person can understand information or has **capacity around investigation or treatment for COVID-19:**

Yes Yes with support No (contact NOK)

Will allow **Blood tests:**

Yes Yes with support No (Discuss how to obtain bloods in best interest)

Will allow **Cannulation:**

Yes Yes with support No (Discuss how to achieve in best interest)

Will wear **Oxygen** or other face mask:

Yes Yes with support No (Discuss how achieve this in best interest)

Will allow non-invasive ventilation:

Yes Yes with support No (Discuss how to monitor and maintain oxygen levels)

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Future wishes on resuscitation (cardiac):

For resuscitation not for resuscitation Medics to decide what is best on admission

Future wishes on resuscitation (respiratory – critical care bed ICU):

For ICU Not for ICU Medics to decide what is best on admission

Is there a community based treatment escalation plan in place?

Other important information about me

I communicate by:

I will let you know I'm in pain by:

If I'm worried or upset I may:

To help me understand what's happening and what treatment I need please:

My hearing is:

My sight is:

How I eat: (food liquidised, mashed, cut small, cooled, support or special equipment needed)

Special diet: No / Yes, details below:

Current weight and BMI if available:

Diet intake for last 5 days:

Normal Poor Not much at all - seek dietician advice as Urgent

How I drink: (Swallow, thicken fluids, oral care)

Fluid intake for last 5 days:

Normal Poor Not much at all - consider IV fluids

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As a reasonable adjustment I will need support in hospital from (can be paid or unpaid carers who know the person well):

I will need this support for (24/7 or put in times it can be provided):

Please say why this level of support is needed: