

# This is me

# My Care Passport

It should be kept with me and brought with me into any care setting, including hospital.



**My name is:**

**I like to be known as:**

Please return my passport to me when I go home.

**This is essential reading for all staff working with me. It gives important information about me.** This passport should be kept visible and used when you talk to me or think about me.



**Things you  
must know  
to keep me  
safe**



**Things that  
are important  
to me**



**My likes  
and  
dislikes**

This passport is as a pdf file that can be typed into, saved and updated using Adobe Acrobat Reader.  
Go to: [www.sunderlandactionforhealth.co.uk](http://www.sunderlandactionforhealth.co.uk) to download it free of charge. You could also print it off and write on it.

# More basic information about me

This passport needs to be updated if my needs change.



## Where I currently live:

For example - supported living or my family home.

## Hours of support I get each day:

## Who to contact for more information about me:

Please say name, role and contact phone number.

## Other key professionals involved in my care:

Please say name, role and contact phone number.

## Key person / people to liaise with about my admission and discharge:

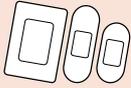
This passport was filled in by:

Date:

# Things you must know about me



## 1. Adverse drug reactions, allergies or intolerances.



Please give details including what my reactions would be.

## 2. Communication - How well I use and understand speech



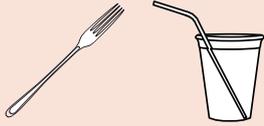
Other ways I communicate - signing, pictures or other languages ?  
How I show how I feel. How I communicate yes and no.

## 3. Food and drink - Food allergies / intolerances and help choosing



Do I need help filling in menus? How I make food and drink choices.  
*See also the likes and dislikes section.*

#### 4. Eating and drinking - What help I need



Does my food need to be cut up or liquidised? Do I use dentures to eat?  
Do I use special equipment?

If there is a risk I may choke please give details of my management plan and seating & posture.



#### 5. Pain - How I show I'm in pain and how to support me



#### 6. Other medical conditions - Such as diabetes, epilepsy, asthma and depression

See separate medication list.



#### 7. How I take medication - One tablet at a time, on a spoon or via a syringe

Do I need help to make sure I have swallowed?



## 8. How to support me with medical interventions



Things like taking my temperature, blood pressure, blood test and having injections.

## 9. How I usually am - for example do I sleep a lot, am I usually very quiet?



## 10. How do I react to strange places?



## 11. Keeping me safe - Do I wander? Could I fall out of bed? Do I fall?



Please consider environmental risks.

## 12. Things that may worry or upset me - How I may show this.



**13. How to support me if I'm anxious or upset** - Also see the likes and dislikes section.



Blank space for notes related to section 13.

**14. Behaviours I have that may be challenging or cause risk**

What you can do to support me with my behaviours - things that help me relax.



Blank space for notes related to section 14.

**15. My sight** - Any problems I have, aids I use like glasses or magnifying glass.

Can I clean my glasses myself?



Blank space for notes related to section 15.

**16. My hearing** - Any problems I have, aids I use like a hearing aid?

Can I put my hearing aid in myself? Do I know how to turn it on?



Blank space for notes related to section 16.

**17. Other vital information** - Such as advance care decision.

If I have a 'Lasting Power of Attorney' please specify whether it covers 'Health and Welfare' and/or 'Finance and Property'. Please also say if I have an 'End of Life Care Plan'.

Please also say who holds these documents and how to contact them.



Blank space for notes related to section 17.

# Things that are important to me



## Important people

Family, friends & staff who support me.

## Level of support I need when well

Who needs to stay and how often.

## How I use the toilet when I am well -e.g. continence aids and getting to the toilet.



## Personal care - support I need with things like dressing, washing and teeth cleaning.



## Moving around - for example posture in bed, walking aids and wheelchair.

Do I need help with moving around?



## Sleeping - my sleep pattern / routine / time of waking.



# My likes and dislikes

## Things I like

### Could include:

Music, TV, foods, activities and how I relax.



## Things I don't like

### Could include:

Things that worry me, foods, activities and ways I don't like being treated.

## My history - What is important that you know about my life (past and present)

Please also use this space for any further information.

This passport has been developed for Sunderland clinical commissioning group by The Learning Disability Liaison Nurse Team based at City Hospitals Sunderland. With thanks to City Hospitals Sunderland Foundation Trust.

City Hospitals Sunderland   
NHS Foundation Trust

  
Sunderland  
Clinical Commissioning Group

Based on a previous 'Hospital Passport' this version is designed to be used for all people within a variety of care settings.

This version has been adapted from the original version produced for use in Surrey.

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