



This is my

1

Hospital Passport

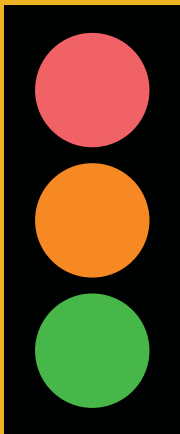
For Children and Young People with Special Educational Needs
and Disabilities (SEND) coming into the hospital

My name is:

- If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me
- It needs to hang on the end of my bed and a copy should be put in my notes

This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.



Red - Things you must know about me

Amber - Things that are important to me

Green - My likes and dislikes

Mental Capacity Act 2005

If I am a young person aged 16 or 17 and assessed as lacking the capacity to consent to my treatment, the following people must be involved in any decisions made in my best interest.

Name:

Contact details:

Relationship:

Things you must know about me

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About me



Name:

Likes to be known as:



NHS Number:

Date of birth:



Address:

Phone number:



How I communicate:

What language I speak:

Family contact person



Name:

Relationship:



Address:

Phone number:

Things you must know about me

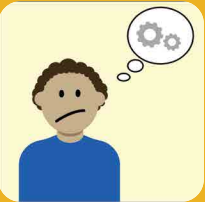
3

Medical



Allergies:

Support



Type of special education needs (SEN) or learning disability:



Special Educational Needs Coordinator (SENCO) details including phone number:



School name and address:



Child development service details:



Do you have an Education, Health and Care (EHCP) plan?:

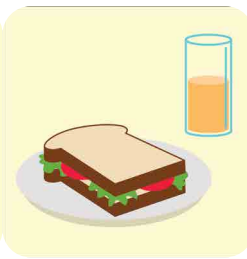
Yes

No

Things that are important to me

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Physical/personal considerations



Please use this space to tell us if you can manage your daily care on your own, or if you need help?

Are you independent?

Can you tell someone when you need the toilet or when your pad needs changing?

Do you use any equipment for moving around such as a hoist, sling (please include type and size), wheelchair, or have any safety needs we should know about?

Do you have any breathing needs? This might include a tracheostomy (please tell us the type and size), CPAP, BiPAP, ventilator settings, suction, or oxygen.

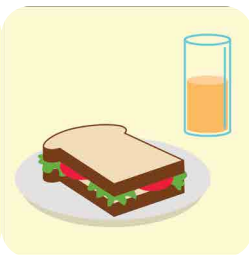
Do you take any medication? Please tell us what you take and when.

Do you have any sensory needs? For example, are you sensitive to light, sound, smells, or touch, and what helps you feel more comfortable?

Things that are important to me

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Physical/personal considerations



Continue from previous page if required

Likes and dislikes

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Likes:

What makes me happy, things I like to do, such as watching TV, reading, music, routines.



Dislikes:

What bothers me, things that make me unhappy, such as loud noises, bright lights, physical touch



Things I like:

Things I don't like:

Completed by:

Date:

For staff

To find contact details for Social Care and Community Disability Services local to where the patient lives enter their postcode into:
<https://www.gov.uk/find-local-council>

Further information on the Hospital Passport is available from:

- Safeguarding champion within the clinical area
- Moorfields safeguarding team

For patients

This hospital passport has been adapted by Moorfields Eye Hospital and is based on original work by St Georges Healthcare Trust and University Hospitals Bristol NHS Foundation Trust. The aim of the hospital passport is to provide our staff with all the necessary information about your child when you use our hospital services. This information will help us work in partnership with you in meeting your child's needs. we have deliberately restricted the size of this document so that staff can have access to important information quickly.

- Please let a member of staff know your child has a hospital passport
- Please try to make sure the information in the hospital passport is kept up to date

As a guide we recommend :

- Children under 5 years of age - review every 6 months
- Children over 5 years of age - annual review

Further information for patients is available from Patient Experience, Who offer a free confidential service for patients, Their families and carers.

Patient Advice and Liaison Team (PALS)

Moorfields Eye Hospital

City Road

020 7566 2324 or 020 7566 2325

moorfields.pals@nhs.net