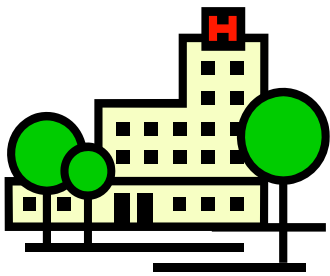


RED

AMBER

GREEN



HOSPITAL ASSESSMENT

For people with learning disabilities

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 this assessment.

Thanks to Kevin Elliott, Esia Dean and Gloucestershire Partnership NHS Trust for the use of this format

RED ALERT

Things you must know about me

Name:

Likes to be known as:

Date of Birth:

GP:

Address:

Next of Kin:

Relationship:

Tel No:

Main carer:

Relationship:

Tel No:

Professionals involved:

Tel No:

Religion:

Religious requests:

Allergies:

Current medication:

Current medical conditions:

Brief medical history

Level of communication/comprehension:

Medical Interventions - how to take my blood, give injections, take temperature, medication, BP etc.

Behaviours that may be challenging or cause risk:

Heart (heart problems):

Breathing (respiratory problems):

Choking:

Have I made any advance decisions on how I would like to be cared for if my condition/health needs are life threatening?

If yes, is this information attached?, if No where is it held?

Completed by: Date:.....

AMBER

Things that are really important to me

Communication: How to communicate with me.

Pain: How you know I am in pain.

Information sharing: How to help me understand things.

Seeing/hearing: Problems with sight or hearing.

Keeping safe: Bed rails, managing behaviour, absconding.

Going to toilet: Continence aids, help to get to toilet.

Moving around: Posture in bed, walking aids.

Taking medication: Crushed tablets, injections, syrup.

Personal care: Dressing, washing etc - usual level of support needed

Eating (swallowing): Food cut up, aids needed, choking, help with feeding.

Drinking: Small amount, help needed, choking.

Sleeping: Sleep pattern/routine:

Level of support: Who needs to stay and how often.

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:



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.

Completed by: Date:.....