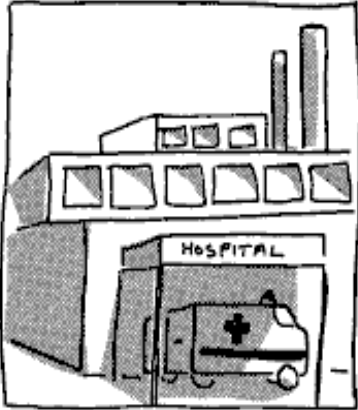


RED

AMBER

GREEN



HOSPITAL ASSESSMENT

For people with learning disabilities.

Please take this with you to hospital.

Give this to hospital staff. This gives hospital staff important information about you.

Ask them to hang it on the end of your bed.

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

RED-ALERT

Things you must know about me

Name - Date of Birth -

Likes to be known as -

Address - Tel no-

GP - Address:

IN AN EMERGENCY PLEASE CONTACT -

Next of Kin (1)- relationship - Tel no -

Next of Kin (2)- relationship - Tel no -

Main Carer/Supporter -

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, and take temperature, medication, BP etc.

TAKE CARE. Being compliant does **NOT** = **CONSENT!** Tell me what you are doing!

Heart (heart problems) -

Breathing (respiratory problems)

Choking -

Communication -

How to communicate
with me.

Information sharing -

How to help me
understand things.

Seeing/hearing -

Problems with sight
or hearing

Eating (swallowing) -

Food cut up, choking,
help with feeding.

Drinking (swallowing) -

Small amounts,
choking

Going to toilet -**Moving around** -

Posture in bed,
walking aids.

Taking medication -**Pain** -

How you know
I am in pain

Sleeping -

Sleep pattern,
sleep routine

Keeping safe -

Bed rails, controlling
behaviour, absconding

Personal care -

Dressing, washing etc.



Level of support -

Who needs to stay
and how often.

GREEN

What I would like...

Dislike

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.			