



RED

AMBER

GREEN

"The Traffic Light Passport"



IMPORTANT INFORMATION
For an adult with learning disabilities
to bring into hospital

All Nurses and Medical Staff must read

RED ALERT – Things you must know about me

My name is: Please call me:

Date of Birth: NHS number:

Address:

Telephone number:

My GP is: Dr Telephone number:

Address of practice:

I need because of my religion

My next of kin: Relationship to me:

Telephone number:

My main carer/ keyworker: Telephone number:

Professionals involved:

Advanced Directive • Yes • No Lasting Power of Attorney • Yes • No

I have these allergies:

I have these medical issues:

Cardiac (heart problems) Respiratory (breathing problems)

Dysphagia (eating & drinking problems) Epilepsy

Other conditions:

Consent:

I can normally give consent by (e.g. written, verbal, implied)

If unable to consent a discussion will be needed with all interested parties.

Communication/Comprehension:

I communicate by:

I understand:

Behaviour: Things I do that other people might find difficult

I might:

Please do to help me

AMBER – Things that are really important to me

Risk/Safety: How I like to be approached; wandering; issues with bed rails



Seeing/hearing: How I see and how I hear. Any problems with sight and hearing



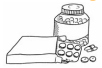
Eating: Risk of choking; food cut up; help with eating; modified diet; special spoon; help with menu choice



Drinking: Risk of aspirating; amount of liquid; temperature; type of cup; positioning



Taking medication: Crushed tablets; injections; syrup; taken with food/drink



Going to the toilet: Continence aids; support to get to the toilet



Moving around: Walking aids; physical support for mobilising; posture in bed



Pain/distress: How you know I am in pain/distressed/worried



Comfort: How you can comfort me



Sleeping: Sleep pattern/routine; sleep position; any problems or sleep disturbances



Personal care: Dressing; washing; pressure areas; dentures; glasses; hearing aid etc

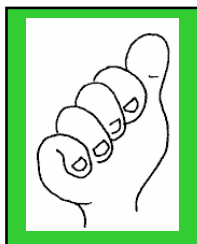


Level of support required from staff/carers: Who needs to stay with me and how often

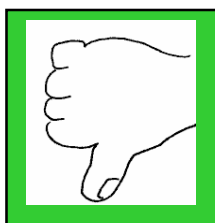


GREEN – What you need to know about me

These are the things that are important to me and knowing about them will help make my stay in hospital better. Please look at my likes and dislikes and take these into account when planning my care.



Things that will make my hospital stay better:



Things that will make my hospital stay worse:

Other things that are important to me:

Form completed by: Date:
Relationship to me: