

TRAFFIC LIGHT HEALTH ASSESSMENT (hospital passport)

For people with learning disabilities.

This assessment gives hospital staff important information about the patient with special needs and offers advice on any reasonable adjustments needed.

Please note: **Value judgements** about quality of life must be made in consultation with you, your family, carers and other professionals.

This includes Resuscitation Status.

**Make sure that all the nurses looking after
this Patient reads this assessment**

RED-ALERT - Things you must know about me

Name: Likes to be known as -
Date of Birth: NHS number:
Address: Tel no:
GP: Tel No:
Address:

First point of contact: Relationship Tel no:

Next of Kin: Relationship: Tel no:

Key worker/main carer: Relationship: Tel no:

Professionals involved:

Religion: Religious requests:

End of life planning: (what wishes does the person have in regards to end of life care, are they on the my care choices register, is there a valid DNACPR in place)

Allergies:

Current medication:

Current medical conditions:

Brief medical history:

Medical Interventions -

compliance in procedures - taking blood, give injections, take temperature, medication, BP etc.

AREA'S OF SPECIAL CONSIDERATION:

Heart (heart problems) -

Breathing (respiratory problems) -

Eating & drinking issues -

Behaviours that may be challenging or cause risk:

Diabetes - how is this controlled - diet, tablets, insulin

Learning Disability -Level of comprehension/ capacity to consent:

AMBER - Things that MAY BE really important to me

Communication -

How to communicate
with me

Information sharing -

How to help me
Understand things

Seeing/hearing -

Problems with sight / hearing
Do I wear glasses / hearing aid

Eating - Drinking (swallowing)/BMI -

Food cut up, choking
Help with feeding
Drink small / large amounts

Going to toilet -

Continence aids
Help to get to the toilet

Mobility/Moving around/tissue viability -

Posture in bed
Walking aids

Taking medication -

Crushed tablets
Injections, syrup

Pain Scoring/Disdat -

How you know I am in
Pain.

Sleeping -

Sleep pattern
Sleep routine

Keeping safe -

Bed rails, managing behaviour
wondering

Personal care -





Dressing, washing etc

Level of support/Dependency assessment -

Who needs to stay and
how often

GREEN - Things I would like to happen - My Likes/dislikes

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.

<p>THINGS I LIKE</p>  <p>Please do this:</p>		<p>THINGS I DON'T LIKE</p>  <p>Please don't do this:</p>	
<ol style="list-style-type: none"> 1. 2. 3. 		<ol style="list-style-type: none"> 1. 2. 3. 	

Further advice/information/recommendations/reasonable adjustments: