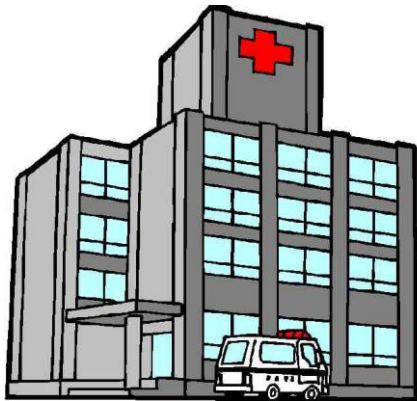


RED

AMBER

GREEN



## HOSPITAL ASSESSMENT

For people with learning disabilities.

This assessment 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.

**Discussion of quality of life must be made in consultation with you, your family, carers and other professionals. This includes Resuscitation Status and/ or Tube Feeding.**

**Make sure that all the nurses who look after you read this assessment.**

# RED ALERT

## Things you must know about me

Name -	NHS number -	
Likes to be known as -		
Address -	Tel no -	
GP -	Address -	
Next of Kin -	Relationship -	Tel no -
Key worker/ main carer -	Relationship -	Tel no -
Professionals involved -		Tel no -
Religion -	Religious requests -	

Allergies -

Current medication and current feeding recommendations : -

Current medical conditions -

Brief medical history -

Level of comprehension/ capacity to consent/how I tell you 'yes' or 'no'

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) -

Completed by: ..... Date: .....

# AMBER ALERT

## Things that are really important to me

**Seeing/ hearing** -

Problems with sight or hearing.

**Communication** -

How to communicate with me.

**Pain** -

How you know I am in pain.

**Going to toilet** -

Continence aids, help to get to toilet.

**Moving around** -

Posture in bed, walking aids.

**Keeping safe** -

Bed rails, managing behaviour, absconding?

**Eating (swallowing)** -

Self-feeding? Special utensils/cups?  
Positioning?

**Drinking (swallowing)** -

Normal fluids/thickened?  
Level of thickening?

**Taking medication** -

Crushed tablets?  
injections, syrup?

**Personal care** -

Dressing, washing etc.

**Level of support** -



Who needs to stay?  
and how often?

Completed by: ..... Date: .....

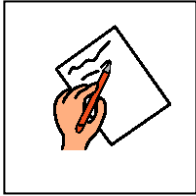
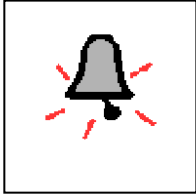
# GREEN ALERT

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 me, what makes me happy, things I like to do i.e. watching TV, reading, music. How do I want people to talk to me (don't shout). Food likes/dislikes, physical touch/restraint, special needs, routines, things that keep me safe.			

Completed by: ..... Date: .....

<h2>Special Precautions</h2> 	<ul style="list-style-type: none"><li>• Do not give food or drink if not fully alert</li><li>• Monitor chest status and temperature regularly</li><li>• Remain seated in an upright position for at least 20 minutes after eating and drinking</li><li>• Contact Speech and Language Therapist immediately if there are any warning signs</li></ul>
<h2>Warning Signs</h2> 	<ul style="list-style-type: none"><li>• Coughing / choking whilst eating and / or drinking</li><li>• Change in colour / watery eyes during or after eating and / or drinking</li><li>• Increased congestion / breathing difficulties</li><li>• Wet, gurgly voice after swallowing</li><li>• Food residue in mouth after swallowing</li><li>• Prolonged mealtimes</li></ul>

Following the recommendations will help reduce the risk of choking or chest infections.

***Please tell us of any chest infection or hospital admission.***

Date:

Therapist:

Speech and Language Therapy Department

01865 228041









## Hospital Passport

### Discharge recommendations and Guidelines

**TO BE COMPLETED BY HOSPITAL STAFF**

Name:

Date:

<p>Medication </p>	<p>How much? How often? Special advice?</p>
<p>Posture </p>	<p>Support needed?</p>
<p>Food </p>	<p>Modified? Amount?</p>
<p>Liquids </p>	<p>Thickened? Amount?</p>
<p>Utensils </p>	<p>Special cups/plates/cutlery? Plate guards?</p>
<p>Other help </p>	
<p>Environment</p>	<p>Needs quiet?</p>