Communication Passport Accident and Emergency



Nursing and medical staff please look at my passport before you do any interventions with me.



Name:













Things you must know about me



Name:

Like to be known as:



Phone:

Address:

Email:



Date of birth:



Next of Kin contact:

Address:

Relationship (e.g. Mum):

Phone:



How I communicate/what language I speak:

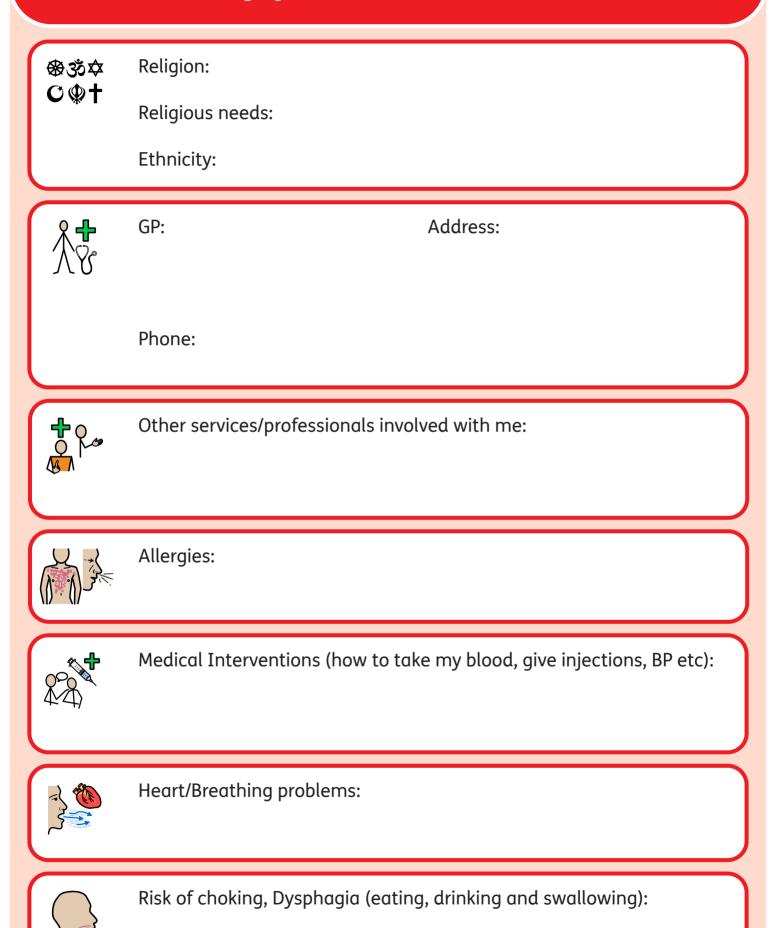


My support needs and who gives me the most support:



Who I live with:

Things you must know about me



Things you must know about me



Current medication:



My medical history and treatment plan:



What to do if I am anxious:

These things are important to me



How to communicate with me:



How I take medication (crushed tablets, injections, syrup, etc):



How you know I am in pain:



Moving around (posture in bed, walking aids, etc):



Personal care (dressing, washing, etc):

These things are important to me



Seeing/Hearing (problems with sight or hearing):



How I eat food (food cut up, risk of choking, help with eating, etc):



How I drink (drink small amounts, thickened fluids, etc):



How I keep safe (bed rails, support with challenging behaviour, etc):



How I use the toilet (continence aids, help to get to toilet):



Sleeping (sleep pattern/routine):

My likes and dislikes

Likes: e.g. what makes me happy, things I like to do.

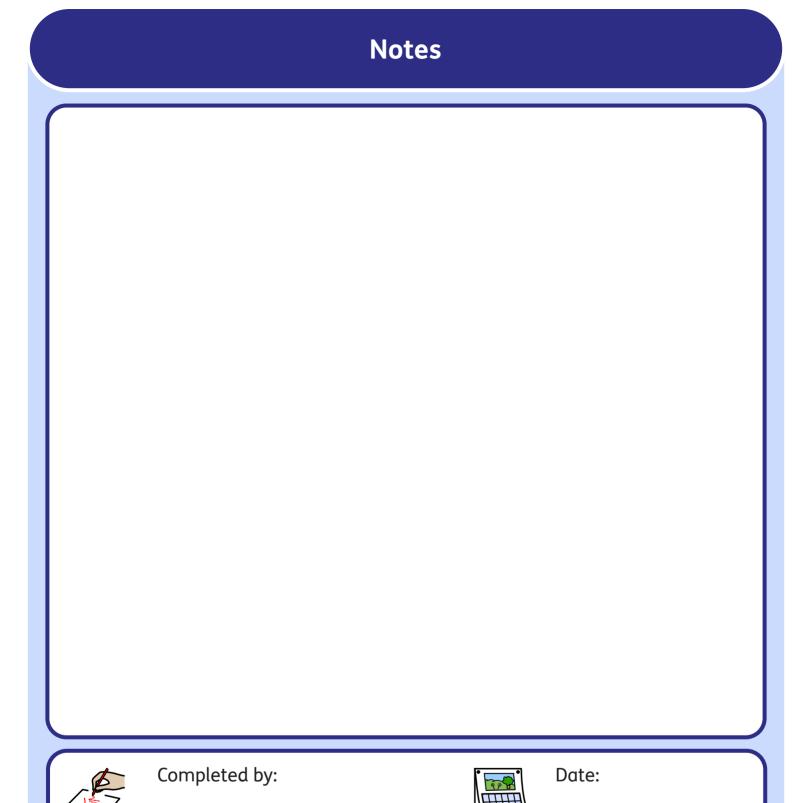
Dislikes: e.g. don't shout, food I don't like, physical touch.



Things I do like Please do this:



Things I don't like
Please don't do this:



This communication passport is based on original work by **Gloucestershire NHS Foundation Trust.**

₩idgitHealth

Gloucestershire Hospitals **NHS** NHS Foundation Trust



Produced by Widgit Software in association with Sarah Stancer A&E Sister (2009) **Royal Berkshire NHS Foundation Trust.**

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