





**Traffic Light Hospital Passport belongs to:**

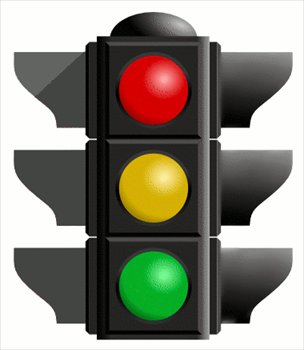
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Please ensure, I am flagged on the hospital patient notes computer system “Flagging” means making a note of something that is important. All patients’ that have a learning disability and/or autism. This ensures that staff ask the right questions to identify any changes / reasonable adjustments they may need to make to your care plan. Knowing about a patient’s individual needs will help hospital staff to make sure that you receive the best care.

**Optional for Photograph to be uploaded here:**

**Completed by:**

**Date:**

**Traffic Light**

**Red Alert!!!**

Things you must know about me

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| **My name is: ………………………………..**  **Please call me: …………………………….**  DOB: …………………………………………  NHS number: ……………………………….  Address: …………………………………….  ………………………………………………...  Telephone Number: ………………………...  My carers are: ………………………….…...  ………………………………………………..  Telephone number: ………………………..  My GP is Dr ………..……………………  Address: …………………………………….  ………………………………………………..  Telephone Number: ……………………….  I am allergic to: ………………………  ……………………………………………….  Date: ………………………………………. |

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| **What is a Traffic Light?**  The Traffic Light gives hospital staff important information about you. This information will help staff give you the best care in the right way for you.  **Please let your local Community Learning Disability Team (CLDT)**  know that you are going into hospital. Our staff may be able to offer you advice and support before, during and after your hospital stay.    **North CLDT**  **0161 861 2958**    **Central CLDT**  **0161 219 2555**    **South CLDT**   |  | | --- | | Please let your local learning disability nurse know that you are in hospital. |   **0161 219 6022** |

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| **When I go to hospital please take my:**  List of current medication:    Communication Passport  Risk assessment and management  plans: like behaviour, eating, drinking,  pain management plan. |

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| The person that knows me best is:  …………………………….  Relationship to me:    …………………………...  Level of support I require: who needs to stay with me and how often?  …………………………………  **Remember** to agree who will provide what care for you. |

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| **My religious, cultural or spiritual needs:** |
| **I have some medical or health problems:** |
| **I do not have my food and drink by mouth,** |

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| **Consent – saying yes or no to something:**    I give my consent by writing, speaking, signing, co-operating (delete as needed).  If you have evidence that I lack capacity to make a specific decision, use all practicable steps to help me to understand and communicate about the decision,  things like using everyday words and easy read information. If you are sure I lack capacity to make a specific decision at a specific time, a decision ‘in my best interests’ will be needed. This decision needs writing down and you should talk with people who know me will to help you make a decision.  **There is no-one to talk about my best interests with you so I need a referral for an IMCA. Yes/No**  **I have an advanced decision about …………………………………………………**  **………………………………………………………………………………………………**  **I have a lasting power of attorney for health and welfare.**  **My attorney is :**  Name and relationship: **…………………………………………………………………..**  Contact details: **……………………………………………………………………………**  **………………………………………………………………………………………………**  **………………………………………………………………………………………………** |

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|  | **My communication:** |
|  | **I understand:** |
|  | **To help me communicate I need you to:** |

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|  | **Speaking up for myself:** |
|  | **My thinking skills:** |
|  | **My reading skills:** |
|  | **My writing skills:** |
|  | **I need written information:** |
|  | **My sight:** |
|  | **My hearing:** |
|  | **Moving around:** |

|  |  |
| --- | --- |
|  | **Equipment and aids:** |
|  | **My sensory issues:** |
|  | **My sleep:** |

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| --- | --- |
|  | **Reflux:** |
|  | **My drinking:** |
|  | **My eating:** |

**Amber**

Things that are really important for me.

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|  | **Taking medication:** |
|  | **Risks/Safety***:* |
|  | **Behaviour:** |
|  | **Dressing***:* |
|  | **Washing:** |
|  | **Pressure areas:** |
|  | **Going to the toilet:** |
|  | **How I communicate pain:** |
|  | **Mental health care:** |

**Green**

What you need to know about me.

These are things that are important to me and knowing about them will help make

my stay better.

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| Things that will make my hospital stay better. |

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| Things that will upset me in hospital, so please avoid. |

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| Other things that are important to me. |

**Blue**

**Reasonable Adjustments Care Plan**

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| The law says that health services must think about people with learning disabilities and/or autism. The NHS must ask what changes people with learning disabilities and/or autism need? So that you receive a good service during your stay in hospital. These changes are called **‘reasonable adjustments’.**    To help staff know you need some reasonable adjustments, ask about flagging. Hospitals add a flag to your record to say you have a learning disability. This flag reminds them to make reasonable  adjustments for you.  Once you have filled in your traffic light, fill in the form below to say what changes you need the hospital staff to make. A member of the hospital staff must also sign and date the form for each admission:  **Reasonable adjustments cover** |

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| **My support**  **needs** | **Reasonable**  **adjustment**  **Yes/No** | **What I need** |
| Medication |  |  |
| Eating |  |  |
| Drinking |  |  |
| Pain  management |  |  |
| Mental health  anxiety |  |  |
| Seeing |  |  |

|  |  |  |
| --- | --- | --- |
| Hearing |  |  |
| Decision  making |  |  |
| Food and drink choices |  |  |
| Bed rails |  |  |
| Regular  observations |  |  |
| Social needs  and visitors |  |  |
| Mobilising |  |  |
| Consultation  time |  |  |
| Using the  buzzer |  |  |
| Other |  |  |
| Other |  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by a member of the Hospital Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role / Status: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black**

Hospital Discharge Plan – my leaving hospital plan.

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| **Patient’s name:**  **NHS number:**  **Name of hospital:**  **Date of admission:**  **Date of planned discharge:**  **Ward/department: Person co-ordinating my care:**  **Previous admissions in last 12 months:** |

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| Why was I in hospital?  Who was told about me being in hospital?    What investigations and tests have been completed / am I waiting for?    What did you find out – what were the diagnosis? |

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| **Date of meeting:**  Present:      Apologies: |

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| Current health. *For example: new diagnosis, do I still have an infection, a current pressure area etc.*    What was my treatment?    When did I have it? |

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| Do my carers or support staff need extra training and what in?  Who will provide this?    What do they need to look out for? |

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| What does this diagnosis mean for my health and wellbeing in the future?  *For example: referrals to other services, further investigations or treatments, management of health needs, changes in quality of life.* |

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| List of my medication: *for example, what route, dosage, changes and additions including feeds etc*    Do my carers understand what these are for/how to administer/side effects? |

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| Do I need any equipment? Who is getting it?  *For example: walking frames, raised toilet seat, nebuliser, inhalers, PEG feed, assistive technology etc.* |

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| Any safeguarding concern raised? |

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| Where there any DOLS applications, capacity assessments, best interest decisions and RESPECT documents filled in during my stay in hospital? |

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| **Friends and family test:** *has someone helped me fill in my friends and family tests?* |

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| **Future Plans:** *Did my hospital stay go well? Could my patient journey be made better?* |

Completed by:

Copies sent to:

Please upload onto NHS Computer System

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| **If you need this information in another format, please contact your local Community Learning Disability Team.** |

This Traffic Light was designed by health staff from the Community Adult Learning Disability Service.

Advice on content, format and design has been provided by Speech and Language Therapy.

For further copies please contact:

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