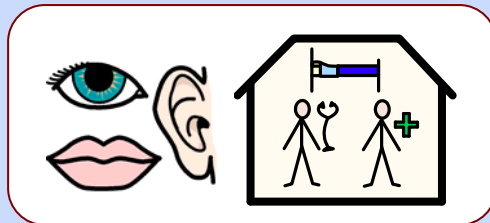
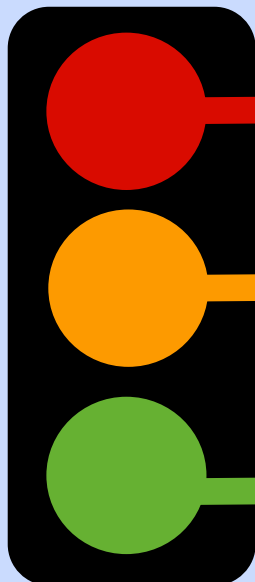


Communication Passport Accident and Emergency



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

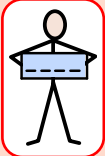


Things **you must** know about me

These things are **important** to me

My **likes** and **dislikes**

Things you must know about me

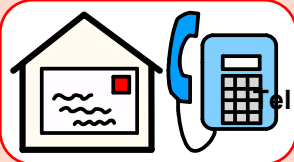


Name:

Likes to be known as:



Date of Birth:



Address:

el No:



How I communicate/what language I speak:



Next of Kin contact:

Relationship e.g. Mum,
Dad, friend or partner:

Address:

Tel No:



My support needs and who gives me the most support:



Who I live with:

Things you must know about me



Religion:

Religious needs:

Ethnicity:



GP:

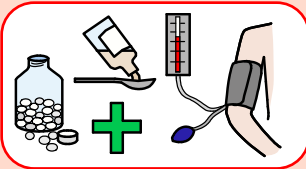
Address:

Tel No:

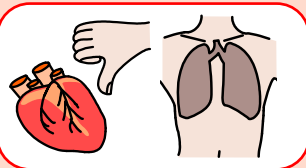
Other services/professionals involved with me:



Allergies:



Medical Interventions - how to take my blood, give injections, BP etc.



Heart/Breathing problems:



Risk of choking, Dysphagia (eating, drinking and swallowing):

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)



How you know I am in pain:

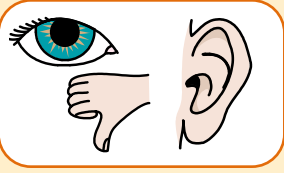


Moving around: (Posture in bed, walking aids)



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)



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



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



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



Sleeping: (Sleep pattern/routine)

My likes and dislikes

Likes: for example - what makes me happy, things I like to do?

Dislikes: for example - don't shout, food I don't like, physical touch.

Things I like

Please do this:

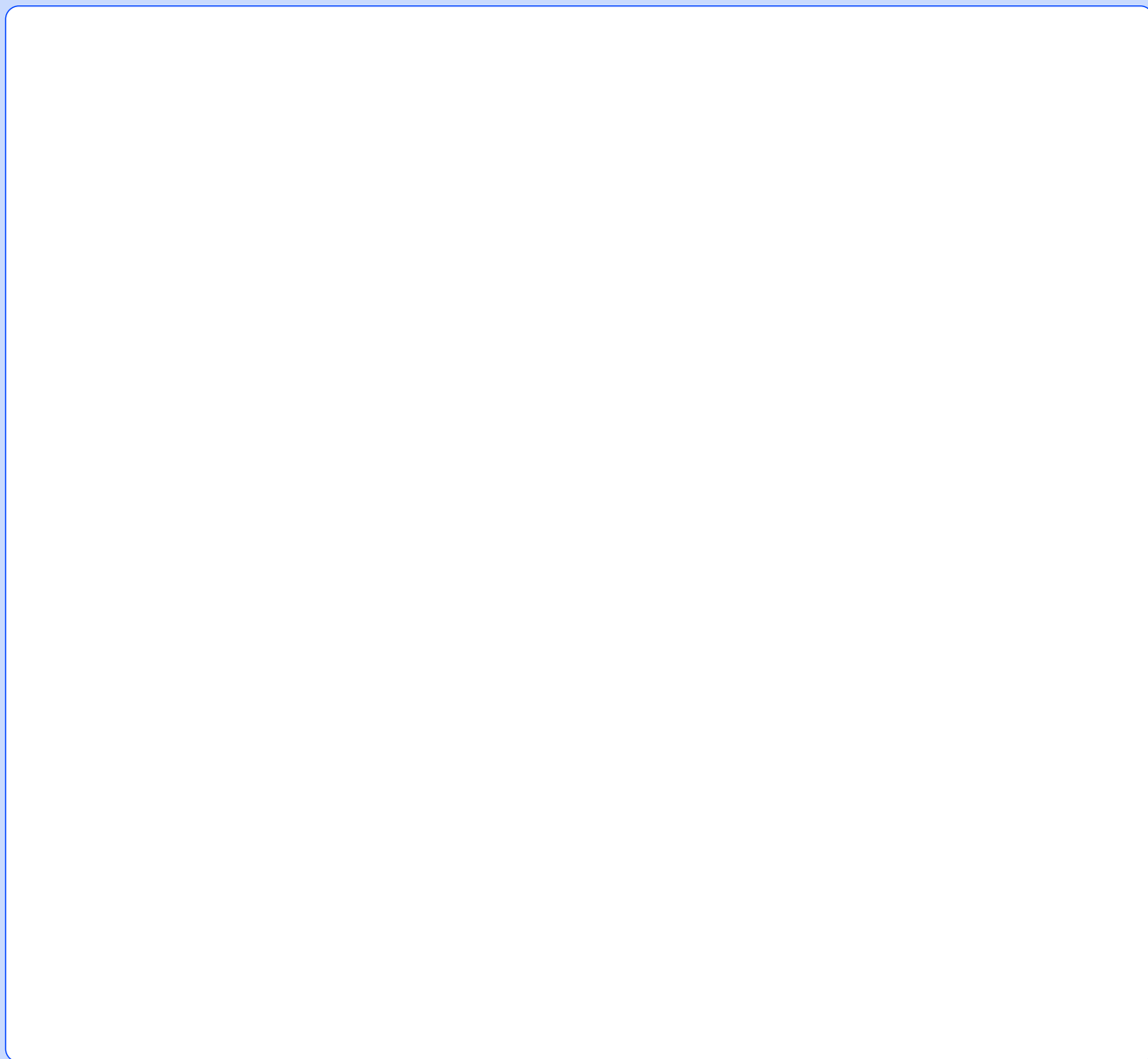


Things I don't like

Don't do this:



Notes



Completed by:

Date:

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