NHS
Greater Glasgow and Clyde

My Information Booklet for My Hospital Admission

Children & Young People with Additional Support Needs

The information in my booklet will help you to support, and care for me, during my hospital admission. You can keep it until I go home, and use it to help with all of my admission forms and care plans.

Personal Details

My name is: _____

_____

My date of birth is: _____

My hospital number is: _____

My CHI number is: _____

My parent or carer's name: _____

_____

Communication

Please make sure you gain my attention first and if I have a hearing aid or glasses make sure that I have these on.

I have a visual impairment: _____

I have a hearing impairment: _____

I cannot speak, but I am aware of everything that goes on around me: _____

I communicate by using (tick where appropriate):

❒ Speech: _____

❒ Pictures and photos: _____

❒ Sign language/gestures: _____

❒ Communication aid: _____

❒ Vocalisation/noises: _____

❒ Other: _____

You can help me understand what you are saying by (tick where appropriate):

❒ Using short simple sentences

❒ Using pictures, photos, objects and gestures to show what you are talking about

❒ Demonstrating what you are talking about

How I tell you if I'm sore or hurt: _____

_____

❒ I cannot call out if I need help: _____

Health Risks and Behaviour

RISK	✓	COMMENT
Choking	❒	
Toileting	❒	
Mobility	❒	
Anxiety	❒	
Aggression to others	❒	
Aggression to self (self injury)	❒	
Aggression to environment (destructiveness)	❒	
Tendency to wander	❒	
Mouthing or swallowing foreign objects	❒	
May become withdrawan	❒	
Repetitive movements	❒	
I need constant supervision	❒	

Eating and Drinking

I need help with eating and drinking: Yes ❒ No ❒

I am at risk of choking with: Food ❒ and/or Fluids ❒

Positioning/seating when eating and drinking: _____

_____

I have difficulty with: Chewing ❒ and Swallowing ❒

To help me with this you should: _____

❒ I have a tracheostomy: _____

❒ I require suction when eating and drinking: _____

Nutritional supplements I take: _____

My food is enriched with: _____

The consistency and texture of my food and fluids is:

Food: _____

Fluids: _____

Food and drinks I like: _____

Food and drinks I dislike: _____

Special cups, plates and cutlery I use: _____

Toileting

❒ **Yes, I can use the toilet:**

❒ **No, I need help with:**

❒ Reminding ❒ Catheter ❒ Stoma bag

❒ Using a bed pan or bottle ❒ Incontinence pad

❒ Other: _____

_____

Mobility

❒ **Yes, I can walk unaided:**

❒ **No, I need the following help:**

❒ 1:1 support ❒ 2:1 support ❒ Walking aid

❒ Wheel chair ❒ Orthotic splints

❒ Other: _____

_____

Moving and Handling

❒ I use the hoist

❒ I don't like using the hoist

❒ I can transfer independently

❒ I can transfer with assistance

❒ I use sliding sheets

❒ I use transfer boards

❒ Other: _____

Hygiene

❒ Yes, I can look after my own hygiene

❒ No, I need help with:

❒ Shower	❒ I need reminding	❒ I need help
❒ Bath	❒ I need reminding	❒ I need help
❒ Brushing teeth	❒ I need reminding	❒ I need help
❒ Hair	❒ I need reminding	❒ I need help
❒ Dressing	❒ I need reminding	❒ I need help

Play and Learning

❒ I like to be active when awake

❒ I can play independently

❒ I need help to play

Here are my following likes and dislikes:

My favourite toy: _____

My favourite music: _____

My favourite school activity: _____

My favourite game: _____

I dislike: _____

_____

I have a plan to help manage my behaviour. For a copy of this...

please contact: _____

Sleep

My normal sleep pattern is: _____

My normal sleep position is: _____

I prefer to sleep:

❒ In the dark

❒ With light on

I need:

❒ Cot sides

❒ Padded sides

❒ Mattress on floor

❒ Sleep system

I like to go to sleep at _____ time

I normally wake up at _____ time

I waken at night for _____ at _____ time

I like to sleep during the day for _____ hours, at _____ time

Other equipment needed (eg. epilepsy alarm): _____

_____

I bring my own equipment: _____

_____

Medication

How I like to take my medication:

I can swallow my tablets: Yes ❒ No ❒

❒ With food

❒ With water

❒ On a spoon

❒ Through a syringe

❒ With thickened drink

❒ Crushed up

❒ Through PEG

❒ Other Details: _____

_____

Does covert medication policy apply? Yes ❒ No ❒

The following people need to know I'm in hospital...
Please add their names and numbers to the section below:

❒ Speech and Language Therapist: _____

❒ Occupational Therapist: _____

❒ Physiotherapist: _____

❒ Community Pediatrician: _____

❒ Dietitian: _____

❒ Social Worker: _____

❒ Specialist Nurse: _____

❒ Teacher: _____

❒ Other: _____

If I am over 16 years old and unable to make choices or consent to my treatment SECTION 47 PART 5 of the Adults with Incapacity (Scotland) Act 2000 requires to be completed.

How I give my permission to my treatment

- It is important that you talk to me about my health problems.
- You should also tell me in a way you know I understand about the different choices I have to treat my health problems.
- I may be able to make up my mind about some things but not others.
- You need to make sure I have understood and know what is going to happen to me.
- You could do this by asking me questions in a way you know I understand checking I have remembered what you have told me.
- It is important to check in a way you know I understand that I have not changed my mind before you give me any treatment or care.

My welfare guardian is (if applicable):

I am able to make up my own mind about my own treatment: Yes ❒ No ❒

I will need some help in making up my mind: Yes ❒ No ❒

Interpreter service details if required: Yes ❒ No ❒

These are the people that will help me make decisions about my care:

Name	Relationship to you (Mum, Dad, Carer)	Telephone Number

Notes: