My Health in Hospital

Sometimes known as a hospital health action plan.

name	My name is		My address is
Å	I like to be called		I live with
	My date of birth is	0000000	Date this plan was filled in

Mental Capacity Act 2005 If I need help with making some decisions, this is the person who has agreed to help me.		
Name _	Role	
Tel		



This book gives you information about me so that I get the best care in hospital.



HOSPITAL STAFF – Please leave this booklet with the notes at the end of my bed while I am in hospital. You may need to photocopy it for my file but I need to take it home with me when I am discharged.



HOSPITAL STAFF – Please record relevant information such as Reasonable Adjustments by involving me and/or my carer in making my care plan



If you need to make special arrangements or reasonable adjustments please telephone the hospital a few days before your appointment.

Avon and Wiltshire Mental Health Partnership For further information please contact the Learning Disability Service, Swindon: Anne Hanafin-Smith:Tel:01793 715000 email: anne.hanafin-smith@nhs.net



Wilts: Mavis Osland tel: 01672 517376 email: m.osland@nhs.net

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NOTES FOR HOSPITAL STAFF

I have got this Hospital Health Action Plan because I have a learning disability.

In order to promote my health and wellbeing I might need extra help or reasonable adjustments while I am in hospital and the information in this plan can help everyone.

- Take a photocopy of this plan so that you have one for my file.
- Please write my reasonable adjustments in my care plan so that all of the staff know what I need.
- Please involve me in my care, even if you think that I won't understand. You will need to use easier words and maybe show me pictures when talking to me. You can get easy read information about health from www.easyhealth.org or www.apictureofhealth.southwest.nhs.uk
- Please listen to my carer they know me best and can tell you if I'm not well.
- Please make sure my carer is ok and that they get good support.
- Make sure that my carer has good information when I'm ready to go home, and that they can help me with my care and treatment.
- You can contact the Learning Disability Team (Liaison Nurse) to let them know that I'm in hospital using the number on the front of this plan. The LD Liaison Nurse will be able to support all of us while I'm in hospital.
- You can invite the Learning Disability Liaison nurse to talk to your team about learning disability awareness or about my needs.

Thanks ©

The People Who Support Me

Carer/Support W	orker:	
Address:		(3 F
Post code:	Tel no:	
Reason:		
Next of kin:		
Address:		
Post code:	Tel no:	
Relationship to me	: :	
Doctor/ GP:		_
Address:		—— ბა
		1\(\)
Post code:	Tel no:	
Reason:		
		<u> </u>
Consultant:		
Address:		
		(Co
Post code:	Tel no:	
Reason:		~~~
Community Nurse	/Therapist:	A3 D
Address:	•	₩ 47
Post code:	Tel no:	
Reason:		八
Social Worker or	Care Manager:	
Address:		(B) (E)
Post code:	Tel no:	() () () () () () () () () ()
Reason:	·	

My Communication:

<u> </u>	
\$	This is how I say yes:
← (©) >	This is how I say no:
2	This is how I let you know if I'm in pain:
	This is how well I read or write:
	This is how well I understand what you say to me:
- T. C.	This is how I agree to have treatment:
Need Yes No	Things that I need you to do to help me to communicate: (Eg. Help with using my hearing aid, easy words, signs or symbols etc)

	Quick Check List	
	Information you might need to find quickly:	
hasid has	This is the help I need with making decisions and choices :	
	Things I am allergic or sensitive to:	
	Regular Medication and how I take it:	

	Medication I sometimes have:
@ (* \$\$ † @	Important things about my religion or culture:
	eating and drinking help I need:
	The help I need to move around safely
87	The help I need with toileting :
	washing and dressing and the help I need:

My health history...



I am in hospital or coming to hospital because...



About my learning disability...
(My learning disability, syndrome or other disability and how it affects my life)



My health problems and the treatment I have...

(Such as asthma, diabetes, epilepsy or heart problems)







Things that will help me when I'm in hospital. These things are called reasonable adjustments...

While I'm in hospital, my carer can help me with some things...

(things like getting dressed, going to the toilet or meal times etc)



Family carer	Name	relationship
Paid carer	Company:	Agreed by:

I don't like these things:

(e.g. Needles, being alone, foods, the dark, talking about certain things etc)



I like these things...

(e.g. hobbies, habits, objects, people, talking about certain things etc)

My Feelings...

iny i co	
(64)	Things that make me sad:
(1)	I will let you know I'm sad by:
(g)	Things that make me angry:
ans	I will let you know I'm angry by:
	Things that make me happy:
	I will let you know I'm happy by:
(E)	Things that frighten me:
	I will let you know I'm frightened by:
	I will let you know if I feel ill by:
Å	Important information about me and my health: (e.g. habits like smoking or drugs, health conditions etc)



My Responsibilities and the support I need while I'm in hospital...

(children, carer responsibilities, pets etc.)

When I go home...

The person who will arrange my support is
The support I will have when I go home is:
1
2
3 4
5
The hospital has advised me to do these things when I go home (eg rest, be active, take medication etc)
1
2 3
4
5
My plan for going home
When I am ready to go home please contact
Help me to prepare for going home in this way