My Life

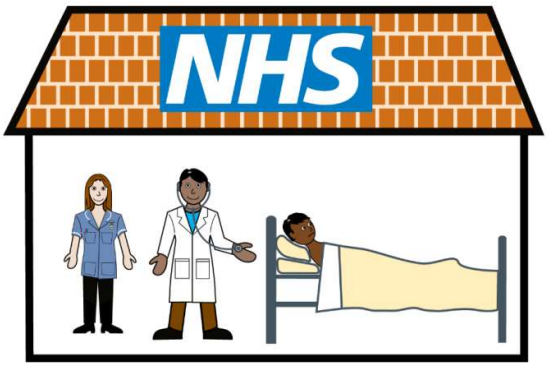
For vulnerable people in acute hospital and community settings

My Name:

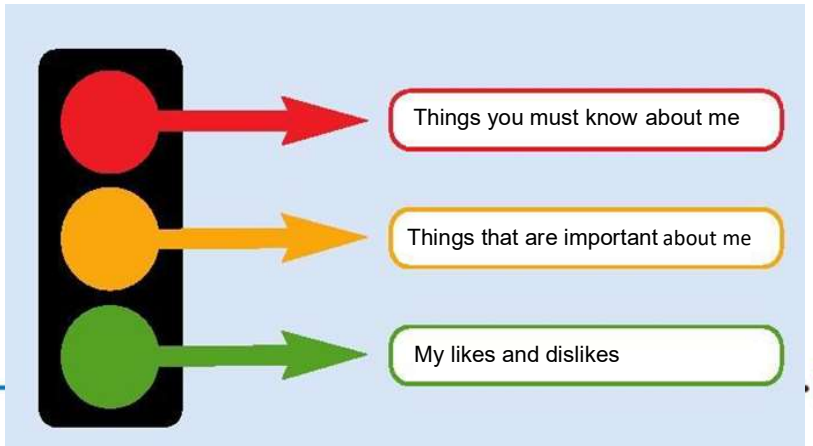
My date of birth:

My NHS number:

I like to be called:



This is a book all about me and should follow me throughout my healthcare journey



Nursing and Medical staff please look through my book, it tells you how best to care for me and how I like to be treated.

Things you must know about me

My Address:

Own home	☐	Residential	☐	Lives with Family	☐
Supported housing	☐	Nursing	☐	Respite	☐

What language I speak:
How I understand information:

I have an Essential Carer: ☐ Yes ☐ No

I need my Essential Carer to support me in hospital/to appointments:
☐ Yes ☐ No

My Essential Carers details are:

Who has parental responsibility?

	Yes	No
I have an LPA for health and welfare	☐	☐
I have an advanced care plan	☐	☐
I have a RESPECT form:	☐	☐
I am on a DoLS at home:	☐	☐

Details:

Mental capacity:

Religion / Spiritual need

Things you must know about me

GP:
Address:

Telephone number:

Allergies:

Medical interventions: (how to take my blood, give injections, take blood pressure)

Important medical history:

Things you must know about me

Behaviours that may challenge or cause risk & management techniques:

Reasonable Adjustments to consider during hospital attendance/admission:

I am right-handed ☐ I am left- handed ☐

Things that are important to me

How to communicate with me? (Level of comprehension, verbally, picture cards, BSL)

How I take medication: (whole, crushed, with a spoon, specific drink, covert)

How do you know I am in pain? (Signs, body language, noise, verbal response)

Mobility and transfers (posture support in bed, walking aids, using hoists including sling size)

I am at risk of falls Yes ☐ No ☐

Personal care and how I use the toilet:

Things that are important to me

How I see and hear: (hearing aids, cochlea implant, glasses, contact lenses)

How I eat and drink: (red tray, texture, modified, food cut up, specialist equipment, adaptive cutlery, plate guard, specific cup)

I need assistance to eat and /or drink Yes ☐ No ☐

Foods I like

Foods I dislike

Drinks I like	Drinks I dislike

Equipment I use to keep me safe: (bed rails, crash mats, cushioned bedsides, profiling bed)

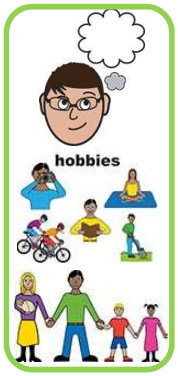
How I sleep: (sleep pattern, bedtime routine, night-time habits)

My likes and dislikes

This is all about you. What you like to do, what makes you happy, what upsets you.

Things I like	Things I dislike

Daily life, lifestyle and my life history: (childhood memories, working life, family, holidays, significant events in my life)



Notes – is there anything else you would like us to know?

Vulnerabilities Team Contact information

Please ask a staff member for our hospital Learning Disability / Dementia patient feedback form

Team email: nlg-tr.vulnerabilitiesteam@nhs.net

Emma Watts, Learning Disability & Complex Transition Specialist Nurse – Trust wide: 03033 305865 **Acute Hospital Learning Disability Liaison Nurse – Trust wide:** 03033 303355 **Adult Learning Disability Service** Grimsby – 01472 571120 **Central Learning Disabilities Team** Scunthorpe – 01724 272653 **Bev Chesman** **Children Community Nurse for Complex Needs** **Scunthorpe Hospital** Tel 07766027119	**Kate Scott, Dementia Clinical Nurse Specialist RGN- SGH:** 03033 305556 **Emily Woods, Dementia Clinical Nurse Specialist RGN- DPOW:** 03033 304559 **Holly O'Connor, Lead Nurse Vulnerabilities Trust wide** 03033 302694 **Angela Dickinson** **Children's Learning Disability Nurse** **Scunthorpe Hospital** Tel 07771981355

Northern Lincolnshire & Goole NHS Foundation Trust support John's Campaign. Visit https://johnscampaign.org.uk/ to view our pledge

Please note: Although ward staff will endeavour to meet all the documented needs of the patient, this may not always be possible

Thank You