



For patients with learning disabilities in planned and emergency admissions

Wigan Learning Disability Service
PATIENT INFORMATION RECORD
August 2007

PILOT DOCUMENT

Pilot commenced August 2007 Review of pilot April 2008

Your hospital liaison team are:-

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This document remains the property of Ashton, Leigh and Wigan Primary Care Trust. The information held within should only be shared with other health professionals or interested parties when helping the person with their hospital or clinic appointments.

Please store this document safely and according to the Data Protection Act.

It is advised that the document be reviewed as and when required, if circumstances change, or annually, whichever ever arises first. A good time to remember to review this would be around the time of your social care review.

Blank copies of this document are available from the Learning Disability Service (Hospital Liaison Team). The document can also be downloaded from the Wigan Council Partnership Board website at:

www.wiganldpb.org.uk

The patient information document should be taken into hospital with you to give the doctors and nursing staff valuable information. When you are discharged please ensure that this document comes home with you.

This gives hospital staff important information about you.

Please take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.

**Make sure that all the staff who look after
you read it.**

I have a learning disability caused by

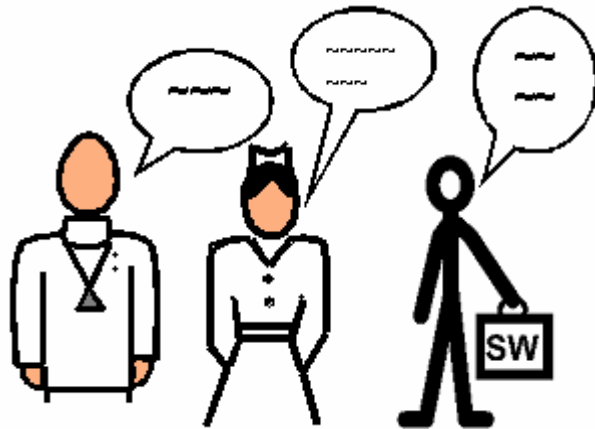
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I am prone to the following. e.g. chest infections/specific conditions related to my disability

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.....

Although I have a learning disability I have the same rights as other citizens. My disability is not an illness.

The following people help me in the community. Please call them to update them on my care/treatment, it will help my stay in hospital and will make my discharge safer if we all communicate. These people have information about me and carry out health assessments, and review my care when I am at home.



Name

Job Title Tel No

Name

Job Title Tel No

Name

Job Title Tel No



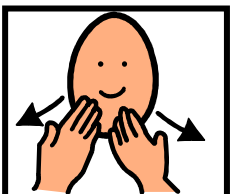
Please read this booklet, it is to help me (the patient) and you (the hospital staff).



When you have read it please sign below so that my carers know that you have a little knowledge of my daily needs.

I have read this booklet:

..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date
..... Name	..... Signature	..... Designation	..... Date



Thank you for taking the time to read this!

My Name is

.....

I like to be called

.....

My age is

.....

My date of birth is

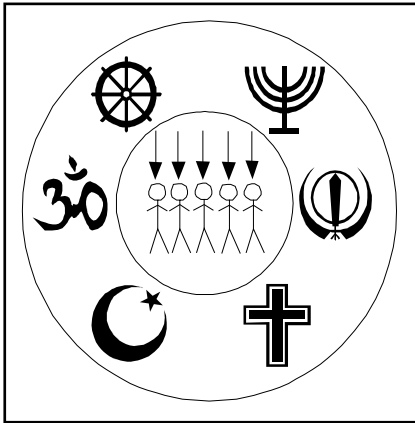
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My address is

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My telephone number is

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My religion is

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My religious requests are

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What type of accommodation do I live in?

(Please circle)

House (more than one floor)

.....

YES ✓

NO ✗

Bungalow?.....

YES ✓

NO ✗

Do I live alone?.....

YES ✓

NO ✗

Do I live with other people?.....

YES ✓

NO ✗

Nursing home.....

YES ✓

NO ✗

Residential home supported by non-nursing staff.....

YES ✓

NO ✗

My General Practitioner is:

.....
.....
.....
.....

His/her telephone number is:

.....

Next of Kin:.....

Relationship:.....

Tel
No:.....

Other people to contact:.....

Relationship:.....

Tel No:.....

Who you should call to update on my progress:

.....

Level of understanding and ability to give consent

(Please circle)

Have I had an assessment by a speech & language therapist?

YES
✓

NO
✗

Do I understand speech?

.....
.....

YES
✓

NO
✗

Single Words.....

YES
✓

NO
✗

Short Phrases.....

YES
✓

NO
✗

Full Sentences.....

YES
✓

NO
✗

Can I say Yes or No and understand why I said them?

YES
✓

NO
✗

Any other details?

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Can I see well? Does someone need to put on my glasses? Etc...

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Can I hear well? Do I wear a hearing aid?

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What is my preferred method of communication? eg communications board, PEC's, sign?

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Brief medical history

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Current medical conditions

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Current medication

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Allergies

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Epilepsy management plan

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Other management plans (please give details)

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How best to support me.

(This is to guide ward staff in how to approach me and give support and manage medical interventions if I'm unable to give consent or if I appear reluctant due to fear).

How to take my blood

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How to give me injections

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How to take my temperature

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How to give me IV fluids?

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Other (please give details)

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Sleeping

Do I have a particular sleep pattern? (please give details)

(Please circle)



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How many hours of sleep do I get during the night?

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How many hours of sleep do I get during the day?

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Do I have a particular routine to help me sleep? (please give details)

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Keeping safe

Equipment used at home? Eg overlay mattress, bedrails etc..

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Keeping me safe on the ward

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Risk of me leaving the ward.

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Personal hygiene

(Please circle)

How do I manage my personal hygiene?
Do I need support?

YES ✓	NO ✗
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Washing -please give details.

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YES ✓	NO ✗
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Brushing my teeth

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YES ✓	NO ✗
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Hair care

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YES ✓	NO ✗
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Nail care

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YES ✓	NO ✗
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Dressing myself

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YES ✓	NO ✗
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Shaving

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YES ✓	NO ✗
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Menstruation

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YES ✓	NO ✗
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Do I need help to shower
or bathe?.....

YES ✓	NO ✗
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If yes please give details.

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Eating (swallowing)

Do I need adapted utensils?

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How to prepare my food

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Should my food be cut up or pureed?

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How to prevent me from choking

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How to help me if I start choking

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Do I need any help feeding myself?

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Do I have a vegetarian/vegan or diet specific to my religious/cultural beliefs?
I have no special diet.

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Drinking (swallowing)

What type of cup do I need?

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What quantity of drink is safe for me?

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How to prevent me from choking

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How to help me if I start choking

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Should my drink be thickened?

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Going to the toilet



How do I show that I need to use the toilet?

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(Please circle)

Am I able to use the toilet on my own?

YES ✓	NO ✗
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Independent.....

YES ✓	NO ✗
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With some help.....

YES ✓	NO ✗
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With full support.....

YES ✓	NO ✗
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Do I wear continence pads?

YES ✓	NO ✗
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When do I wear continence pads?

(Please circle)

During the day

YES ✓	NO ✗
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During the night

YES ✓	NO ✗
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Am I catheterised?.....

YES ✓	NO ✗
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Do I use a penile sheath system?.....

YES ✓	NO ✗
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Moving me around

(Please circle)

Am I able to walk independently?



Am I able to walk with assistance? eg zimmer frame.

If yes please specify...



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Do I require equipment to help me move? eg hoist.
If yes please specify...



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Taking my medication

(Guide for ward staff)- Medication should only be crushed if licensed to do so. A patient may not take medication from a medicine pot, and only accept it when taken with preferred food. Delivery of medication should be discussed on admission and the best interest of the patient adhered to at all times. Consent and capacity should be noted on each occasion of medication administration.

What tablets do I take?

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Do my tablets need to be crushed?

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Should the tablets be taken with my meals? (Consider that some people do not understand that they have to take medication)

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What liquid medicines do I take?

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Do I have difficulty swallowing either liquid medicines or tablets?

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Do I take medication from a medicine spoon, a measure pot or oral syringe?

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What injected medicines do I take?

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How can I tell you that I am in pain?

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Has a Disability distress tool been completed?

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Additional health & risk assessments provided (e.g. Behaviour management)

Please list and attach copies

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HOW TO SUPPORT ME THROUGH SURGERY

What pre operation work do I need? Is visit to the recovery room or ward to meet the nurses, information on my condition etc...

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What's important to me after the operation? Is that I wake up with familiar faces around me etc...

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Has a preferred place of care been identified?

(Please ensure that the process is decided with me and that my preferences are adhered to).

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If a Do Not Resuscitate order is noted on my medical notes has this been discussed with me and those who know me best?

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YOUR CARE IN THE COMMUNITY

What is your current care package, and who provides it?

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Do you have qualified nursing staff, community support workers or a mixture of both to look after you?

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If your health needs change i.e. you have an alternate feeding mechanism put in place whilst in hospital would your carers need to be trained to deal with this before you'd be able to leave hospital?

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Is there anyone I need to contact to re-instate your care package before you return home?

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I confirm that the information held within this document is correct and a true reflection of my needs at this moment.

As my needs change it is the responsibility of myself and my carers to update this document. (If I have a community nurse or therapist they may help to update the document).

It is recommended that this document be updated annually or as and when change occurs.

Signature of person:
Completing document

Signature of carer:

Relationship to person:.....

Date:

**Ashton Leigh and Wigan Primary Care Trust
Learning Disability Service, Hospital Liaison
Team, and the Accessible Communication
Team created this document.**

**This document acknowledges the use of
Widgit Writing with Symbols 2000.**