



My Life

For vulnerable people in acute hospital and community settings

My Name:

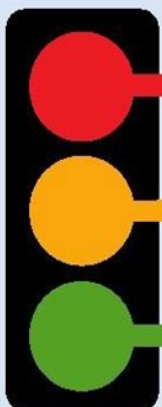
My date of birth:

My NHS number:

I like to be called:



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



Things you must know about me

Things that are important about me

My likes and dislikes

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 & welfare.	<input type="checkbox"/>	<input type="checkbox"/>
I have an advanced care plan.	<input type="checkbox"/>	<input type="checkbox"/>
I have a RESPECT form:	<input type="checkbox"/>	<input type="checkbox"/>
I am on a DoLS at home:	<input type="checkbox"/>	<input type="checkbox"/>

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.



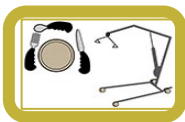
Drinks I like.



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 Phone: 03033 305166

Emma Watts, Learning Disability & Complex Transition Specialist Nurse – Trust wide:

Louise French, Acute Hospital Learning Disability Liaison Nurse – Trust wide:

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 07766 027119**

Kate Scott, Dementia Clinical Nurse Specialist RGN- SGH:

Emily Woods, Dementia Clinical Nurse Specialist RGN- DPOW:

Jackie Fenwick, Lead Nurse Vulnerabilities & Enhanced Care Group wide

**Holly O'Connor
 Lead Nurse Transition Trust Wide
 03033 305456**

Northern Lincolnshire & Goole NHS Foundation Trust support John's Campaign.



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

Thank You

