

This is me: My Care Passport

Guidance notes to help you complete This is me: My Care Passport

This is me: My Care Passport: is intended to provide professionals with information about the person with learning disabilities, autism or dementia as an individual. This will enhance the care and support given while the person is in an unfamiliar environment. It is not a medical document.

This is me: My Care Passport: is about the person at the time the document is completed and will need to be updated as necessary. This form can be completed by the person with learning disabilities, autism or dementia or their carer with help from the person where possible. The form can be completed and updated electronically and printed off as required.

This is me: My Care Passport: needs to be kept where all staff can see it and read it.

My basic information:

Name: Full name and the name I prefer to be known by.

Where I currently live: The type of accommodation and area where I live. Include details about how long I have lived there, and where I lived before.

Who to contact for more information about me: It may be a spouse, relative, friend, key worker or paid carer. This may also be the person to be consulted about my care and involved in any 'best interest' decisions.

Red section

My communication: How do I usually communicate, e.g. verbally, using gestures, pictures, Makaton signing, pointing or a mixture? Can I read and write and does it help to write things down? How do I indicate pain, discomfort, thirst or hunger? Do I have a personal Communication Passport? Include anything that may help staff identify my needs.

My eating and drinking: Do I need assistance to eat or drink? Can I use cutlery or do I prefer finger foods? Do I need adapted aids, such as cutlery or crockery, to eat and drink? Does food need to be cut into pieces? Do I wear dentures to eat? Do I have swallowing difficulties? What texture of food is required to help, soft or liquidised? Do I require thickened fluids? List likes, dislikes and any special dietary requirements, including vegetarianism, religious or cultural needs. Include information about my appetite and whether I need help to choose food from a menu.

My medication: Do I need help to take medication? Do I prefer to take liquid medication?

Things which worry or upset me: Anything that may upset me or cause anxiety, such as personal worries (e.g. money, family concerns, or being apart from a loved one) or physical needs (e.g. being in pain, constipated, thirsty or hungry).

Amber section

Things that are important to me: What I feel you need to know. What is important and will help staff to get to know and care for me, this may be because I have a learning disability, autism or dementia, I have never been in hospital before, I prefer female carers, I don't like the dark/noise/bright lights, I am left-handed, etc.

My hearing and eyesight: Can I hear well or do I need a hearing aid? How is it best to approach me? Is the use of touch appropriate? Do I need eye contact to establish communication? Do I wear glasses or need any other vision aids?

My mobility: Am I fully mobile or do I need help? Do I need a walking aid? Is my mobility affected by surfaces? Can I use stairs? Can I stand unaided from a sitting position? Do I need handrails? Do I need a special chair or cushion, or do my feet need raising to make me comfortable?

My sleep: Usual sleep patterns and bedtime routines. Do I like a light left on and do I find it difficult to find the toilet at night? Position in bed, any special mattress, pillow; do I use a 'sleep system' at night to help maintain posture? Do I need a regular change of position?

My personal care: Normal routines, preferences and usual level of assistance required in the bath, shower or other. Do I prefer a male or female carer? What are my preferences for any continence aids used, soaps, cosmetics, shaving, teeth cleaning and dentures?

Green section

Things I like: or present hobbies or interests, e.g. reading, music, television or radio, crafts, cars. How I relax and what will help if I become unhappy or distressed. What usually reassures me, e.g. comforting words, music or TV? Do I like company and someone sitting and talking with me, or do I prefer quiet time alone? Who could be contacted to help and if so, when?

Things I don't like: Being touched, being out of routine, foods.

My history: Include marital status, children, grandchildren, friends, pets, any possessions, things of comfort. Any religious or cultural considerations. Place of birth, education, work history, travel, etc.

References

Adapted from the 'This is me' guidance notes produced by the Alzheimer's Association and supported by the Royal College of Nursing and with additional notes from *Meeting the health needs of people with learning disabilities*, guidance for nursing staff (Royal College of Nursing, 2nd Edition 2011)
