

RED

AMBER



GREEN

 **TRAFFIC LIGHT**

**HEALTH ASSESSMENT (hospital passport)**

For people with learning disabilities.

This assessment gives hospital staff important information about the patient with special needs and offers advice on any reasonable adjustments needed.

Please note: **Value judgements** about quality of life must be made in consultation with you, your family, carers and other professionals.

This includes Resuscitation Status.

**Make sure that all the nurses looking after this Patient reads this assessment**

**Completed by: Date:**

RED-ALERT - Things you must know about me

**Name**: **Likes to be known as** –

**Date of Birth**: **NHS number**:

**Address**: **Tel no**:

**GP**: **Tel No**:

**Address**:

**Next of Kin**: **Relationship**: **Tel no**:

**Key worker/main carer**: **Relationship**:

**Tel no**:

**Professionals involved**:

**Religion**: **Religious requests**:

**Allergies**:

**Current medication**:

**Current medical conditions**:

**Brief medical history**:

**Medical Interventions** –

compliance in procedures - taking blood, give injections, take temperature, medication, BP etc.

AREA’S OF SPECIAL CONSIDERATION:

**Heart** (heart problems) –

**Breathing** (respiratory problems) –

**Eating & drinking issues** –

**Behaviours that may be challenging or cause risk**:

**Diabetes – how is this controlled – diet, tablets, insulin**

**Learning Disability -Level of comprehension/ capacity to consent**:

AMBER – Things that MAY BE really important to me

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| --- |
| **Communication** – How to communicate with me |
| **Information sharing** - How to help meUnderstand things |
| **Seeing/hearing** – Problems with sight / hearingDo I wear glasses / hearing aid |
| **Eating – Drinking (swallowing)/BMI** – Food cut up, chokingHelp with feedingDrink small / large amounts |
| **Going to toilet** – Continence aidsHelp to get to the toilet |
| **Mobility/Moving around/tissue viability** – Posture in bedWalking aids |
| **Taking medication** – Crushed tabletsInjections, syrup |
| **Pain Scoring/Disdat -** How you know I am in Pain. |
| **Sleeping** – Sleep patternSleep routine |
| **Keeping safe** – Bed rails, managing behaviourwondering |
| **Personal care** – Dressing, washing etc |
| **Level of support/Dependancy assessment** - Who needs to stay and how often |

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GREEN - Things I would like to happen – My Likes/dislikes

Think about – what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don’t shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.

|  |  |  |  |
| --- | --- | --- | --- |
| THINGS I LIKE Please do this:  | ADV0616 - thumbs up | THINGS I DON’T LIKE Please don’t do this:  | ADV0615 - thumbs down |
| 1.2.3. | 1.

2.3. |

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

Further advice/information/recommendations/reasonable adjustments: