



Red

Amber

Green

HOSPITAL ASSESSMENT

For people with learning disabilities.

This assessment gives hospital staff important information about you.

Please take it with you if you have to go into hospital and give it to the people looking after you.

Please note: **Value judgments** about quality of life must be made in consultation with you, your family, carers and other professionals, following the principles of the mental capacity act (2005).
This includes Resuscitation Status.

IT IS IMPORTANT ALL THE HOSPITAL STAFF WHO LOOK AFTER YOU READ THIS ASSESSMENT

Adapted from: Elliott K & Dean E (2006), Gloucestershire Partnership NHS Trust/

RED – ALERT

Things you must know about me



Name: NHS No
Likes to be known as:
Address:

Postcode: Tel No:
Date of Birth:

GP: Address:
Next of Kin: Relationship:
Tel No:

Key Worker/main carer: Relationship
Tel No:

Professionals Involved: Tel No:

Religion: Religious requests:

Allergies:

Current medication, doses and times taken:

Current medical conditions:

Brief medical history:

Level of communication/comprehension:

Medical interventions – how to take my blood, give injections, take temperature, medication, BP etc

Behaviors that may challenge or cause risk:

Do you know if I have made a valid Advanced Directive? YES NO

Do I have a lasting power of attorney for personal welfare? YES NO

Name: contact details:

Heart (heart problems): YES NO

Breathing (respiratory problems): YES NO

Epilepsy: YES NO

Gastric Disorders: YES NO

Eating and Drinking issues: YES NO

AMBER

Things that are really important for me.

Completed by:

Date:

Communication:

How to communicate with me.

Information sharing:

How to help me understand things.

Seeing/hearing:

Problems with sight or hearing

Eating (swallowing):

Food cut up, choking, help with feeding.

Drinking (swallowing):

Small amounts, Choking

Going to toilet:

Continence aids, help to get to toilet.

Moving around:

Posture in bed, walking aids.

Pain:

How you know I am in pain

Sleeping:

Sleep pattern, sleep routine

Keeping safe:

Bed rails, controlling behaviour, absconding

Personal care:

Dressing, washing etc.

Level of support:

Who needs to stay and how often.

GREEN

My Likes and dislikes.

Completed by:

Date:

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. Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.

Things I Like
Please do this



Things I don't Like
Don't do this



Things I Like Please do this	Things I don't Like Don't do this