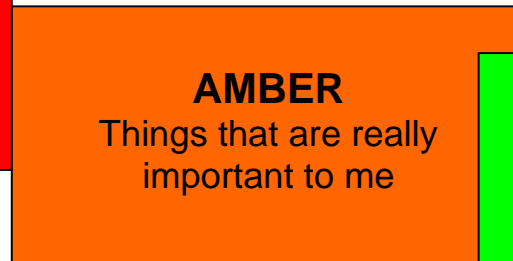


photo of me



All Hospital Staff

**This booklet contains useful information about me.
Please read it and you will get to know me better.**

This Document is Private and should be kept safe

Level of Communication/Comprehension

Medical Interventions – how to take my blood, give injections, take temperature, medication, etc.

Heart (heart problems)

Breathing (respiratory problems)


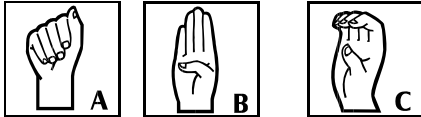





Choking:

My Health Action Plan



Health Need	Health Action	By Whom	Review Date

How I Communicate:

<p>Talking</p> <p>The Language I speak is</p>		
<p>Other methods of communication i.e. Signing Teach, Makaton</p>		
<p>Pointing e.g. pointing to what I need</p>		
<p>Using gestures</p>		
<p>Using Sounds e.g. I make noise when I'm angry/ happy/sad/not well</p>		
<p>Reading, Writing</p>		
<p>This is how well I hear and the aids that I use!</p>		
<p>This is how well I see and the aids that I use!</p>		

About My Medication





Current Medication	How Much (Dosage)	Frequency	Date Started	What is the medication for?	Date Stopped	Who prescribed this medication?

Known Allergies: _____

AMBER

Things that are really important to me

Pain: How you know I am in pain



Keeping Safe: Bed rails, controlling behaviour, absconding



Going to Toilet: Continence aids, help getting to toilet.



Things that are really important to me

Moving Around: Posture in bed, walking aids



Taking Medication: Crushed tablets, injections, syrup



Personal Care: Dressing, washing etc.



Eating (Swallowing): Food cut up, choking, help with feeding



Things that are really important to m

Drinking: Small amount, choking, thickened fluids ie. Thick and Easy.



Sleeping: Sleep pattern / routine





Level of support: Who needs to stay and how often.



GREEN

Things that I would like to happen

Likes/Dislikes

Things I Like		Things I don't like	
Please do this:		Please don't do this:	
<p>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.</p>			