

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. Ask the hospital staff to hang it on the end of your bed.

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

This includes Resuscitation Status.

Make sure that all the nurses who look after you read this assessment.

RED-ALERT

Things you must know about me

Name -		NHS number -
Likes to be known as -		
Address -		Tel no -
Date of Birth -		
GP -	Address -	
Next of kin -	relationship -	Tel no -
Key worker/main carer	relationship	Tel no -
Professional involved -		Tel no -
Religion -	Religious requests -	

Allergies -

Current medication -

Current medical conditions -

Brief medical history -

Level of comprehension/capacity to consent -

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

Behaviours that may be challenging or cause risk -

Heart (heart problems)

Breathing (respiratory problems)

Eating and drinking issues -

Completed by: Date:.....

AMBER

Things that are really important to me

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 -

**Small amounts,
choking**

Going to toilet -

**Contenance aids,
help to get to toilet**

Moving around -

**Posture in bed,
walking aids**

Taking medication -

**Crushed tablets,
injections, syrup**

Pain -

**How you know
I am in pain**

Sleeping -

**Sleep pattern,
sleep routine**

Keeping safe -

**Beds rails, controlling
Behaviour, absconding**

Personal care -

Dressing, washing, etc.

Level of support -

**Who needs to stay
and how often**

Completed by: Date:.....

GREEN

Things I would like to happen

Likes/dislikes

THINGS I LIKE



Please do this

THINGS I LIKE



Please do this

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

Completed by: Date:.....