

# Autism Passport



My name is;

I like to be called;



My NHS Number is;

Please read my passport, it contains important information about me.

A copy should also be put in my notes.

If I need support before or during my stay in hospital the liaison nurses may be able to help. Contact them on:

**Brian Evans – Matron for Learning Disability, Autism and Complex Needs  
University Hospitals of Morecambe Bay Trust**

**Tel; 01229 406793 Mob; 07813536877 Email; [brian.evans@mbht.nhs.uk](mailto:brian.evans@mbht.nhs.uk)**

## Consent to Information Sharing and Important Information

This Autism Passport should be completed by you and the people who know you best.

By filling it in, you are consenting to your information being shared with the hospital and the staff who are caring for you.

The Autism Passport gives the hospital staff important information about you including any Reasonable Adjustments you may need to ensure that you get the best care, given in the right way for you. You can ask the hospital to take a photocopy and keep it in your file, a copy will be kept on the hospital computer to make sure hospital staff can access the information quickly if you forget to bring your Passport when you come to hospital.

Before you leave hospital make sure the Hospital Discharge Information Plan has been completed and remember to take your Autism Passport home with you.

Once you are home you may also want to fill in the Have Your Say questionnaire to tell the hospital about your experience. This will help them to improve their service.

**If you require advice and support please contact the Hospital Learning Disability and Autism Specialist Nurse, Brian Evans**

01229 406793 or 078135 36877

You can also discuss any worries or concerns you may have with the manager of the ward or department you are attending.

Any decisions made about your capacity to consent to treatment, best interests and resuscitation status must be made in consultation with you, your family, friends and other professionals.

***I consent to this information being shared with the Hospital and agree to the Hospital saving this Hospital Passport electronically;***

**Name:**

**Date:**

**Signed:**

(by the person or in their best interest in accordance with MCA (2005))

# Autism Overview to Help Staff

**Autism is a spectrum condition;** people with Autism share certain difficulties, but will be affected in different ways. It is important to relate these difficulties to the challenges of being in a healthcare environment to facilitate the same outcome of treatments.

## Social Communication

- Difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice.
- May have a very literal understanding of language, and think people always mean exactly what they say.
- May find it difficult to use or understand: facial expressions/tone of voice/jokes and sarcasm.
- Will often understand more of what other people say to them than they are able to express, yet may struggle with vagueness or abstract concepts, they may find it hard to understand the expectations of others within conversations, perhaps repeating what the other person has just said (this is called echolalia) or talking at length about their own interests.

## Social Interaction

- Difficulty 'reading' other people - recognising or understanding others' feelings and intentions - and expressing their own emotions. This can make it very hard for them to navigate the social world. They may appear to be insensitive/seek out time alone when overloaded by other people/not seek comfort from other people/appear to behave 'strangely' or in a way thought to be socially inappropriate.

## Repetitive Behaviour and Routines

- The world can seem a very unpredictable and confusing place to autistic people, who often prefer to have a daily routine so that they know what is going to happen every day. They may want to always travel the same way to and from school or work, or eat exactly the same food for breakfast.
- The use of rules can also be important. It may be difficult for an autistic person to take a different approach to something once they have been taught the 'right' way to do it. People on the autism spectrum may not be comfortable with the idea of change, but may be able to cope better if they can prepare for changes in advance.

## Sensory Sensitivity

- Autistic people may experience over or under responsivity (sensitivity) in their sensory systems: tactile (touch), auditory (sound), gustatory (taste), olfactory (smell), visual (light), vestibular (movement), proprioception (body awareness/resistance), interoception (internal sense that includes pain, hunger, temperature). For example, they may find certain background sounds (which other people ignore), unbearably loud or distracting and this can cause anxiety or even physical pain. They may be fascinated by lights or spinning objects. They may also be unable to sit still and need to move and climb.

# How to support people with autism

- Explain at every stage what you are about to do, what will happen next and why.
- Give the person enough time to understand the information you are sharing and wait a few seconds for a response if it is not given immediately.
- Questions should be clear and direct using language that is easy to understand and pictures where necessary – do not rely on the person to pick up on the meaning of your questions or body language.
- People with autism might take what you say literally so avoid words with a double meaning and humour that could be misunderstood.
- Maintain a routine – familiarity is often important to some people with autism.
- Social difficulties may include lack of eye contact and unusual body language, talking at inappropriate moments or about inappropriate topics.
- Repetitive behaviours might be a coping mechanism and therefore should be respected.
- The environment is important – some people with autism are particularly sensitive to light, movement, sounds, smell and touch. Try to keep the immediate environment as calm as possible to help alleviate any anxiety.
- Always consider the person's behaviour in terms of his or her autism, even if it becomes challenging.
- Ask the person and/or parent, carer or advocate what support they might need.

# Mental Capacity Act 2005

## The Mental Capacity Act 2005 says a person lacks capacity if they;

- Have an impairment/disturbance of the mind or brain that affects their ability to make a specific decision at an appropriate time.

1. Can they understand the decision to be made?
2. Are they able to retain the information?
3. Weigh up the information to enable them to make an informed choice?
4. Communicate their decision?
5. Would the services of another professional help the person understand (e.g. social worker, dementia, autism or learning disability specialist)?
6. Is there a need for a more specialist assessment (e.g. mental health act assessment)?

It is important to remember capacity can vary over time for some people, capacity should be reassessed accordingly.

## People who should be consulted and involved in the capacity assessment and best interest decision process:

Name:

Relationship:

Phone Numbers:

Name:

Relationship:

Phone Numbers:

Name:

Relationship:

Phone Numbers:

# Reasonable Adjustments

(How to best support me)

## Reasonable adjustments that need to be made when going into hospital:

(Please consider any sensory and communication needs)

For example – a side room, my family to be able to come and visit/support me etc. outside of visiting hours, environmental changes, first appointment/double appointment, if planned procedure make provisions with me, family/carers to discuss my specific needs beforehand, prior visits to help with familiarity/desensitisation.

Identified Adjustment	Reason/Rationale

# Things You Must Know About Me

## (Personal details)



Date of Birth



Address



Telephone



Current Living Environment

(Current living environment e.g. Flat, Bungalow, 24 hour support)



Primary Contact



Relationship



Address



Telephone



Current Diagnosis

E.g. Do you have a formal diagnosis of Autism or Asperger's. Are there any other physical/ mental health issues?



# Things You Must Know About Me

## (Personal Details)



Religion



Religious needs



Ethnicity



Dr GP



Address



Telephone



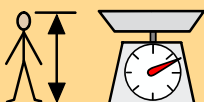
Other services and professionals involved with me



Allergies



**Risk of choking**  
when eating,  
drinking or  
swallowing



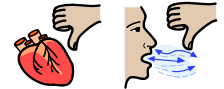
Height -  
Weight -

# Things You Must Know About Me

## (My Health and Wellbeing)



**My heart or breathing problems**



**Medical interventions**

(For example: how to take my blood, blood pressure, give injections)



**My current medication**

Medication correct at time of entry. Please check my current medication (ask for a prescription sheet).



**Operations and illnesses I have had**



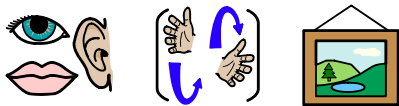
# Things You Must Know About Me

## (How I Communicate)

### How to communicate with me

(E.g. Verbally, give time to process information, signing, pictures, objects of reference, social stories etc.)

- 



### How I communicate

(E.g. Verbally, I may need longer to express myself please be patient signing, written etc.)

- 



# Things You Must Know About Me

## (How I Experience the World)

### Sensory Issues and Sensitivity;

#### Sensory Experience

**VISUAL (LIGHT);** *Some people may be under responsive and this may cause them to seek visual input e.g. spinning objects to stare at, staring at lights. Or they may be over responsive which may mean they need the lights off and blinds down. They may find colourful busy walls or rooms overloading; preferring low stimuli environments. Visual perception difficulties may mean they find it hard to find an object they need amongst a group of items, objects may appear closer or further away than they actually are and the person may focus on a specific detail rather than the whole object.*

**AUDITORY (SOUND);** *Some people may be under responsive and they may not notice particular sounds. They may also seek to make noise; slamming doors or banging objects to create sounds they enjoy. Or they may be over responsive and experience sensitivity to specific sounds e.g. high pitched, loud, crying etc. Background noise may affect their ability to focus and concentrate on what others are saying. They may make lots of their own noises to drown out the sounds they find unpleasant.*

**GUSTATORY & OLFACTORY (TASTE & SMELL);** *Some people may be under responsive and have little sense of taste or smell. They may seek strong smells and crave strong tasting food for example spicy food. They may also eat or chew non-edible items in an attempt to satisfy the need for strong tasting things. Or they may be over responsive and avoid or dislike certain smells. Some smells such as perfume or cleaning products may be overpowering and even painful. They may limit themselves to bland food and gag when presented with certain foods.*

#### Specific Sensory Needs

(please detail any sensory differences you experience to help us plan your care)



# Things You Must Know About Me

## (How I Experience the World)

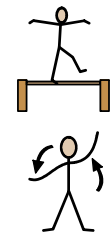
### Sensory Experience

**TACTILE (TOUCH);** *Some people may be under responsive and make seek to touch and fiddle with everything they can. They may enjoy getting messy and they may have a low response to pain. Or they may be over responsive and avoid touching other people and even getting close to people. They may find certain clothes difficult to tolerate and they may avoid some daily activities such as face washing and brushing hair/teeth because it is painful. Whether people are under or over responsive to tactile input, they may find deep pressure e.g. firm hugs to be calming.*

**VESTIBULAR (MOVEMENT);** *Some people are under responsive and seek lots of movement to help them feel regulated. They may have trouble sitting still, be constantly be on the move and they may like to rock, swing or spin. Or they may be over responsive and find movement makes them feel dysregulated. Movement (especially tipping their head back, lifting their feet off the ground and fast movement) can be scary for them. Some people may have difficulties with balance and coordination.*

### Specific Sensory Needs

(please detail any sensory differences you experience to help us plan your care)



# Things You Must Know About Me

## (How I Experience the World)

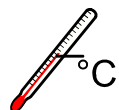
### Sensory Experience

**PROPRIOCEPTION (BODY AWARENESS/ RESISTANCE);** Many people are under responsive and seek proprioception. This means their bodies need to feel the resistance in their muscles and joints from activities such as pushing, pulling, lifting and stretching. They may crash into the wall/floor and jump a lot to get proprioceptive feedback. They may also seek proprioception in their mouth and jaw, which may mean they seek to chew things. If their proprioceptive system is not working properly, they may have difficulties with body awareness. This may mean they bump into things and appear clumsy.

**INTEROCEPTION (INTERNAL SENSE);** This is a sense that provides information about how our body is feeling on the inside. Interoception allows us to experience body sensations such as a growling stomach, dry mouth, tense muscles or racing heart. Awareness of these body sensations enables us to experience essential emotions such as hunger, fullness, thirst, pain, body temperature, need for the bathroom, relaxation, anxiety, sadness and frustration. Some people have difficulties with one, a few or all of these internal sensations. Some people are under responsive and do not feel these sensations and others experience sensations that are so overwhelming that they cannot figure out what they mean.

### Specific Sensory Needs

(please detail any sensory differences you experience to help us plan your care)



# Things You Must Know About Me

(How to support me if I'm worried or upset)

When I'm happy I will;

- 

How to support me to be happy

- 

When I start to get upset or angry I will;

- 

How to support me to keep calm and be happy (consider pain relief)

- 

When I'm angry and upset I will;

- 

How to support me when upset

-

# Things You Must Know About Me

## Things I like

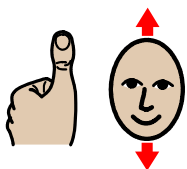
e.g. what makes me happy, things I like to do such as watching TV, reading, music and my routines.

## Things I don't like

e.g. crowds, loud noises, some food and being touched.

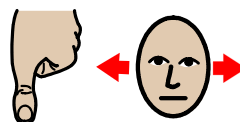
### Things I like

Please do these things



### Things I don't like

Please don't do these things



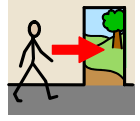
Completed by:

Date:

Review Date:

# Discharge

What people need to do before I leave hospital:



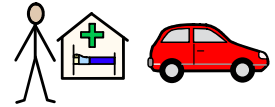
When planning for me to go home you need to talk to:

For example: a family member, friend, care manager, staff member etc.

I will need transport to get home from hospital:

(Please tick)

Yes  No



What's changed?

About my health, medication and support needs?



What do I need now?

To make sure my changed needs around health, medication or support are met?



This passport belongs to me.  
Please return it when I am discharged.

Once you have completed the form,  
please save and attach the document  
in an email addressed to:

[brian.evans@mbht.nhs.uk](mailto:brian.evans@mbht.nhs.uk)