

## Forget-me-not Passport

Patients Name

I have someone who supports  
me, please involve them

My Carers Name is

**Keep the passport on hand so it is easily accessible in an emergency.**

### Definition of a Carer:

'A Carer is someone who provides unpaid, often intensive, support to family or friends who could not manage without that support. This could be caring for a relative, partner, friend or neighbour who is ill, frail, disabled or has mental health or substance misuse problems.'

**I am a Carer?**

### Definition of a Care Worker:

'A paid care worker provides help and practical support to the person being looked after.'

**I am a Care Worker/Support Worker/Personal Assistant?**

**Ensure all your details as a carer are up to date in the Red Carer Section.**

### Information for the carer about this passport

This passport contains important information that hospital staff need to know about a patient and their Carer/person that knows them best. It has been created using your invaluable input as a Carer who supports the patient. Where possible the person being supported should agree with the content of the passport and to it being shared with hospital staff. It is a snapshot of a person at the time of going into hospital intended to prevent misunderstandings and ensure the well-being of the patient to secure a good discharge and prevent readmission to hospital. Please complete as much information as you can about the person you care for. Thank you for taking the time to complete, if you would like to speak to a member of the nursing team about any concerns you may have, we would be happy to listen and offer support where needed

**Make sure that all the nurses and medical staff read this passport**

# Carers Role Within Discharge Planning

This document is to support you and the hospital staff in maintaining your role as a Carer while the person you support is a patient in this hospital. Hospital Staff recognise that as a Carer you are an expert in providing day to day support to the person and that you can help staff in looking after the patient and meeting their needs helping staff and Carers to work together in partnership. The following information outlines what carers will undertake for the patient and **IMPORTANT** Details on Discharge.

When you are on the ward would you like to support with personal care for the patient or at meal times? Outline below.

Name of Carer (Person who knows you best).....

Address.....

Tel Number:.....

Best Time to contact:.....

Anything else we need to know about you as a carer?

Do you need 24 hour's notice of a discharge? Yes  No

At what times would you be able to accommodate a discharge?

**For Help and Support at any time whilst in Hospital or at Home contact:**

**n-compass Carers Point! covering Royal Lancaster Infirmary 0345 688 7113**

**South Lakeland Carers covering Westmorland General Hospital 01539 815970**

**Furness Carers covering Furness General Hospital 01229 822822**

[What about the other carer agencies?](#)

If you have any concerns about the patient or your own treatment as a Carer speak to the Ward Manager.

This section is to be completed with information about the person with dementia. If possible please involve the person as much as you can, alternatively a carer can complete this for the person.

All information provided will help staff to look after the person in the most appropriate way and will hopefully minimise any distress they may feel by being in an unfa-

## Things you must know about me

The name I prefer to be called

Where I live and who I live with



e.g. at home on my own, at home with family members, in sheltered accommodation, in a residential or nursing home  
**(DO NOT PUT IN THE FULL ADDRESS)**

If I live at home, do I have a package of care to support me?




If so, how often do Care Workers attend?

Does my care package need to be reviewed?

I receive support from family, friends or neighbours?



|  |  |
|--|--|
| <p><b>My allergies and the effect they have on me</b></p>  | <p>e.g.. medication, food and drink</p>  |
| <p><b>How I take my medicines</b><br/><b>(Are there any useful tips my carer has for giving my medication )</b></p>  | <p>Do I need supervision or them to be given to me ?</p> <p>Crushed and/ or thickened?</p> <p>Syrup/ liquid medication?</p> <p>Help needed with creams/ eye drops/inhalers?</p> <p>I need my medications in blister packs so my carer can give me my medication ?</p>  |
| <p><b>Do I have any end of life plans in place?</b></p> <p><b>Do I have a Lasting Power of Attorney in place ?</b></p>   | <p>e.g. Preferred Priorities of Care document, an Advanced Care Plan, on palliative care register or Gold Standards Framework<br/>(Note for carer– for more information on this please speak to a member of staff)</p> <p>Personal Welfare (health and wellbeing )    Yes/No</p> <p>Finance                      Yes/No</p> <p>Name and contact details of person with POA</p> |

## Things that are important to me

The examples below are a guide only, there may be other things you would like to add.

### How I move around



Aids and adaptations e.g. walking aids, able to climb stairs?

I need assistance with e.g. moving from bed to chair

### Hearing and seeing



Do I wear glasses and/or have hearing aid?

Do I need eye contact to establish communication?



How is it best to approach me? Is the use of touch appropriate?

## ***My personal care***



What assistance do I need with washing/ showering/ dressing?

Do I need my teeth or dentures cleaned?

Which toiletries do I prefer to use and how /when do I use them?



Do I need assistance with toileting?

What continence needs do I have?



Do I normally need help with my nails ?

Have I any problems with my skin?

## ***My Day, My Night***



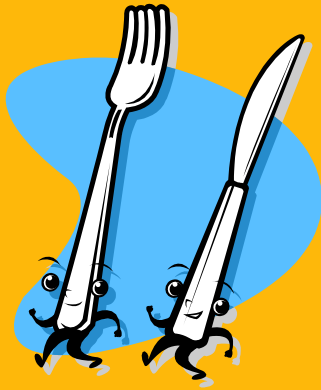
My normal daily routine; sleep patterns - do I like the light left on, do I need bed rails on my bed?



I don't mind being left alone / door open /closed?



## Eating meals



What foods do I like/ dislike?

Do I have swallowing difficulties/ need food cutting up/ need assistance to eat?

Am I right or left handed?

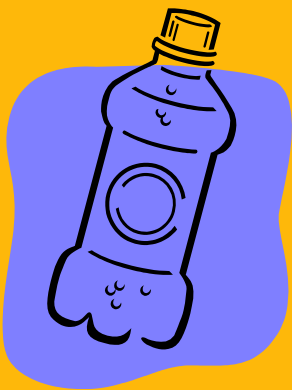
Do I need help to choose from the menu?

Any special dietary needs?



Where do I normally eat my meals (at the table, sitting in a chair?)

## What drinks do I enjoy?



Usual hot drink (milk/sugar),?

Usual cold drink?

Do I need thickened fluids?

What sort of cup/mug do I prefer ?

Use of straw?

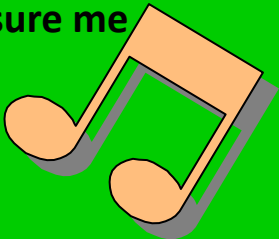
# Things you may find helpful to know

**Things that worry or upset me, or make me anxious or agitated**



Are there any life events, situations or environments which you should know about?

**Things that soothe, relax, comfort and reassure me**



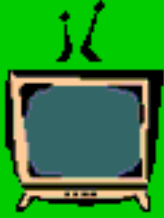
(Please add any routines which are important to me)

**What fond memories do I have or things that I like to talk about?**



Family, friends, pets, past occupation, anniversaries, special occasions, leisure pursuits

**What interests, hobbies, types of music or television programmes do I enjoy?**



Do I belong to any clubs or organisations?

**Is there anything that I would not like to talk about?**



What frightens me?

**Do I have any photos or mementoes that could be used at the hospital to help me remember things, and can they be brought in to comfort me?**

**Would I like to be included in the Royal Voluntary Service volunteers support scheme to enjoy as part of my stay in hospital ;  
befriending, reading, dementia friendly support, signposting to other agencies and carer support**

Yes

No



For additional information or for support to complete your Hospital Passport contact:



n|compass Carers Point!  
Part of Carers Lancashire

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**Covering Furness General Hospital**

01229 822822



**Covering Westmorland General Hospital**

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