

My name is:

I like to be called:

This is a picture of  
me

# All about me

## Vulnerable Adult

When I come into hospital this  
book needs to come with me  
and it gives staff important  
information about me



# All About Me Guide

This vulnerable adult passport will help us provide support whilst you are in hospital in an unfamiliar environment.

The information you and/or your relatives provide is intended to help staff to provide personal and individual care, improve communication and make your stay on the ward as positive an experience as possible.

An important part of this process is for ward staff to have an understanding of you beyond your present circumstances. It includes not only some knowledge of your life history, but also supports us to be able to recognise events that reveal your unique values and coping strategies.

Whilst in hospital please leave the book in a place near your bed where staff can look to check what help you need and what you can do for yourself.

Please do not forget to take this book home with you. You will need it for your next visit to hospital. It might need updating as well.

Please note that you do not have to complete all of the sections.

This booklet is especially useful when used to support patients with communication difficulties or who have acute or chronic confusion/disorientation and forgetfulness where the patient may not be able to tell us about their likes and dislikes.

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# Who am I

My name is: \_\_\_\_\_



I like to be called: \_\_\_\_\_

Where I currently live (just the area):  
\_\_\_\_\_  
\_\_\_\_\_



Carer/person who knows me best:  
\_\_\_\_\_



My religion is \_\_\_\_\_



The language I speak and understand is: \_\_\_\_\_



I need an interpreter to help me communicate

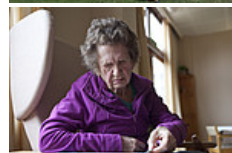


I have been diagnosed with:  
\_\_\_\_\_  
\_\_\_\_\_

I like being with other people



I like being on my own



# Who am I

## **I would like you to know**

(for example, I have never been in hospital before, I prefer male/female carers, I don't like the dark, I am right/left handed etc)

Consultation  
copy

**My home and family, things that are important** (for example marital status, children, grandchildren, friends, pets, any possessions)

# Who am I

## My life so far

(place of birth, education, work history, travel etc)

## I like to relax by:

Watching TV



Listening to music



Reading



Smoking



Drinking alcohol



Other

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My hobbies and interests are:

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# Who am I

Is there anything else we need to know about you?

Consultation  
copy

# My Carer's needs

## Our carer's pledges:

1. All carers will be considered as expert partners in care.
2. All carers will be identified in their role at the point of contact in the hospital.
3. All carers will be given the information and support they need.
4. All carers will be listened to.
5. Staff will understand and embrace the role of the carer.

My carer's name: \_\_\_\_\_

Contact details: Landline \_\_\_\_\_

Mobile: \_\_\_\_\_

When to contact my carer: \_\_\_\_\_

At work: \_\_\_\_\_

At home: \_\_\_\_\_

At hospital: \_\_\_\_\_

Other: \_\_\_\_\_

My carer's availability during my hospital stay (for ward rounds, mealtimes, interventions etc)

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## On each admission I would like my carers to discuss with staff:

1. Treatment and care plans.
2. Time of doctor's rounds and any multidisciplinary team meetings.
3. How I can make appointments to see the doctors.
4. The times that I can visit.
5. How much help I can give.
6. How much information I need and when.
7. Who will be the best person to speak to when I call?
8. Plans for discharge

**Involve me as an expert partner**

# Communication

## How I tell you things

If I am in pain, discomfort, thirsty or hungry I tell you by:

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My speech is not always clear



My vision is sometimes affected



I tell you things using words



I use pictures, photos and symbols to help me



I use sign language



I use gestures



I use facial expressions



I use an electronic communication aid



## I find it difficult to understand people if:

I don't have my hearing aid(s) in



I don't have my glasses on



They talk too fast

They talk too loud



They talk at the same time as others



# Communication

They do not look at me when they are talking



Stand or sit too close



Use long sentences

They ask me more than one question at a time



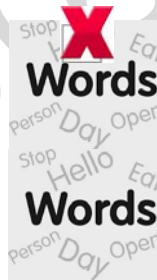
They do not give me time to answer



## Reading



I cannot read simple words



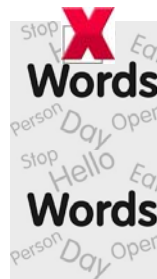
I can read a few simple words

I can read and understand complex sentences

## Writing



I cannot write simple words



I can write a few simple words

I can write and understand complex sentences

# Communication

Please tell us anything else about your communication needs

Consultation  
copy

# Medication

I need help to take my medication



I am scared of needles



I would prefer any cannulas or injections in my: (delete as appropriate)

**Left hand**



**Right hand**



Medicines I must not take (allergic)

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**How I take my medicine:**

- Tablets/capsules
- Crushed tablets
- Syrup/liquid
- Injections
- Other e.g patches, blister/dosette box

Other important things you should know about my tablets and medicine

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Where do you normally get your medication from?



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# Medication

Please offer me a pre-op anti-sickness injection to minimise spasms triggered by vomiting

**Is there anything else we need to know about your medication?**

Consultation  
copy

# Mobility

Before I came into hospital I had a moving and handling plan

I am fully mobile



I may need help to get around



I always needed help to get around



I need help to transfer in/out of a chair



I need help to get in and out of bed



I use crutches, sticks or a frame to get around



I wear a special splint



I use a wheelchair



I can stand unaided

I need to be hoisted for all transfers



# Mobility

I use a white cane to help me get around



My feet need to be raised to make me comfortable



I can reposition myself when sitting

I can reposition myself in bed

I have full use of my arms

I have full movement of my legs

I have partial movement of my legs

I have spasms in my limbs when moving

I have spasms in my limbs when resting

I have tremors in my limbs when moving

I have tremors in my limbs when resting

**Is there anything else we need to know about your mobility?**

# Eating and drinking

Before I came into hospital I was managing these types of food:

I can feed myself unaided



I need help to eat and drink



I need the following help to eat and drink (including positioning)

I can cut up my food myself



## Special Diet - I am:

Vegetarian



Vegan



Gluten free



Halal



Other \_\_\_\_\_

## I am on the following diet:

Normal



Soft



Pureed



Thickened drinks



# Eating and drinking

I can swallow without difficulty

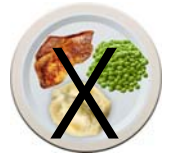


I like the temperature of my food to be:-

Hot  Warm  Cold



I don't like these foods/drinks:-



My favourite snacks/drinks are:



I eat and drink using:



(e.g. spoon, fork, built up dish, special cup, straw, via gastrostomy or naso-gastric tube)

I am **unable** to have any of the following foods:-

**Is there anything else we need to know about your eating and drinking?**



# Personal care

I wear glasses



For reading

For long distance

I wear a hearing aid(s)



I have false teeth



I need help to wash and shower



I need help to use the toilet



I need a raised toilet seat



I need help to get dressed



I need help to shave



I need help to put my makeup on



I need help looking after my teeth



I wear pads



I use self-catheterisation

I use a permanent urethral catheter

I use a permanent supra-pubic catheter

I use a sheath and bag

## Personal care

### What is your normal daily routine?

E.g. when do you clean your teeth, shower, shave etc

Consultation  
copy

# Support at home

## My home is a:

House



Bungalow



Flat



Care home



## I usually live with:

\_\_\_\_\_

## Before I came into hospital I had support from:

Homecare

Family/friends

Voluntary agencies e.g LACE, Age UK

Other \_\_\_\_\_

## I have the following personal equipment:

Stair lift



Walking frame



Grab rails



Personal alarm system



Commode



Walk-in bath

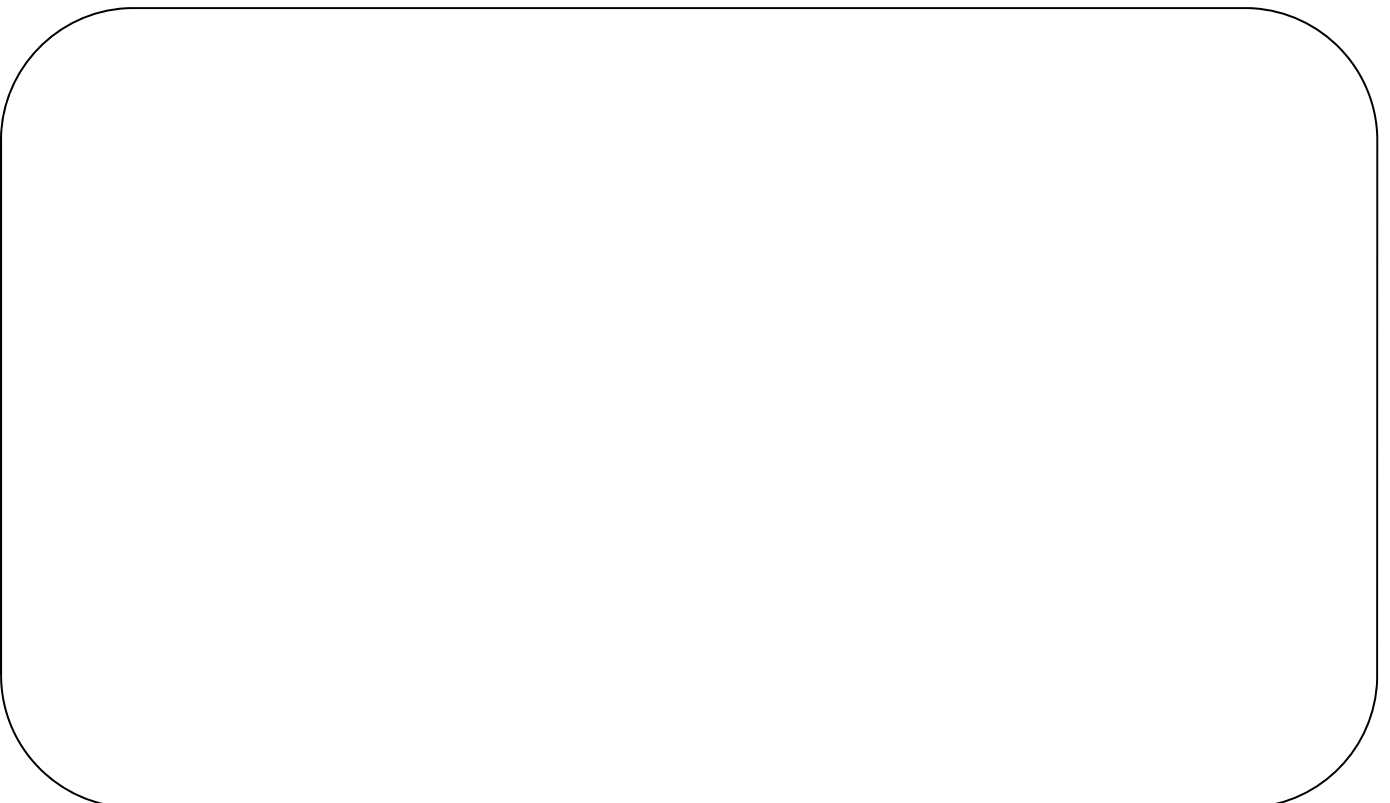


# Support at home

**Do you have any other equipment?**



**Is there thing you think you will need when you go home?  
e.g. equipment, emotional or financial support?**



# Sleeping

## When I sleep I have:

A normal bed



Sides on my bed



I need a bed cradle



I need a special mattress



I need special pillows



I find it difficult to find the toilet at night

I like the light left on



I need a regular change of position during the night

## This is my night time routine:

(e.g. bath, drink, story, time to go to sleep, help in the night, night time positioning....)

# Health needs

Tell us about your health needs e.g. medical history

Consultation copy

How does your health affect your life?

Consultation copy

Have you any other problems  
e.g. losing weight, different clothes size etc

Consultation copy

# Thinking, feeling and behaving



When I feel nervous I -

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Things that might make me nervous are:



When I feel scared I -

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Things that might make me scared are:



When I feel angry I -

---

Things that might make me angry are:



When I panic I -

---

Things that might make me panic are:

# Thinking, feeling and behaving



When I feel sad I -

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Things that might make me feel sad are:



When I feel happy I -

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Things that make me feel happy are:

**Is there anything else I need to tell you about my behaviour ?**

# Easy Read leaflets

## We also have a range of Easy Read documents



- ◆ Coming into hospital
- ◆ Coming to Accident & Emergency
- ◆ Having a blood test
- ◆ Having an x-ray
- ◆ Having a CT scan
- ◆ Having a MRI scan
- ◆ Pre Assessment - Coming in for tests
- ◆ Having an ultrasound scan
- ◆ Having a hearing test
- ◆ Having an eye test
- ◆ Having a general anaesthetic
- ◆ Giving your consent
- ◆ Tell us about your hospital stay
- ◆ Pictorial food menus

If you would like any booklets sending to you or have any suggestions for new booklets, please email [patient.involvement@ulh.nhs.uk](mailto:patient.involvement@ulh.nhs.uk)

# Tell us about your hospital stay

If you are **happy** or **unhappy** with our services, **you can tell us what you think.**



You can do this by:



- ◆ speaking to your nurse,



- ◆ phoning the Customer Care Team - 01522 373669



- ◆ going to our website  
[www.ulh.nhs.uk/feedback.asp](http://www.ulh.nhs.uk/feedback.asp)

By doing this it will help us to improve.

Don't be afraid to tell us what you think!

We will **talk to you** and meet up if you want.

If you will let us, we will work out **a plan to make things better.**

**We will not tell anyone else** if you have a problem or complaint.

We will always **say sorry** if we have done something wrong.

We will tell you what we're **doing to put things right.**

The All About Me booklet has been jointly developed for vulnerable adults in Lincolnshire when coming into hospital.

We could not have made the All About Me booklet without the help and support from staff in Health, Therapy Services XXXXX. In particular, we would like to thank:

Further copies of this booklet are available XXXXXX by emailing [patient.involvement@ulh.nhs.uk](mailto:patient.involvement@ulh.nhs.uk)

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