PLEASE READ

NHS
Oldham Community Health Services

Traffic Light Hospital Assessment

This assessment should be filled in by you and the people who know you best, it 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. Before you leave hospital, make sure the Hospital Discharge Information Plan has been completed.

Useful telephone numbers for support staff involved:

	Name	Tel. No
Main Carer -	.....	.....
Hospital Liaison Nurse (Learning Disabilities) -	.....	.....
Learning Disability Team - Central Number -	.....	.....
Physiotherapy Team - Learning Disabilities -	.....	.....
Dietitian - Learning Disabilities -	.....	.....
Dysphagia Nurse - Learning Disabilites -	.....	.....
Nurses - Learning Disabilities Service -	.....	.....
Care Managers / Social Workers -	.....	.....
Patient Advice & Liaison Service (PALS) -	.....	.....
District Nurses -	.....	.....
Other -	.....	.....

Please note:
Value judgements about quality of life, capacity to consent and resuscitation status must be made in consultation with you, your family, carers and other professionals.

Make sure that everyone who looks after you reads this assessment

Patient name: .....
Date of admission: .....

Things you must know about me

RED ALERT!

Name:

Likes to be known as
Address:

Tel no:

Date of birth:
NHS number:
GP / Address/Tel No:

Next of kin:
Main carer / Key worker:
Lead health worker:
Religious requests :

Relationship:

Tel no:
Tel no:
Tel no:

Current medication: (please ensure that an up to date list is taken to the hospital).

Condition / Known diagnosis: (eg Down's Syndrome, Autistic Spectrum Disorder, Acquired Brain Injury, Dementia etc).

Brief medical history, ie. cardiac, respiratory, dysphagia, epilepsy, cerebral palsy, mental health etc:

Allergies:

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

Is a risk assessment required? eg. for behaviours which may be challenging, general safety etc. - if so please provide details:

- Have the issues of mental capacity and consent been fully considered?
- Has this person got capacity to consent to treatment?
- Is this person likely to have capacity in the future?
- If the person hasn't got capacity, has a 'Best Interest' meeting taken place with all relevant parties?
- Has the above been accurately recorded?

- Is a 'Vital Information Sheet' required?
- Does the hospital need any extra support for the care of this patient? If so, please give details:

Things that are really important to me

AMBER

Communication -
How I communicate / understand:

Seeing / hearing / Sensory (touch, smell etc.) -
Problems with sight or hearing:

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

Drinking (swallowing) -
Amount, temperature, type of cup:

Taking medication -
Crushed tablets, injections, syrup:

Going to toilet -
Continence aids, help to get to toilet:

Moving around -
Positioning / walking aids / hoist slings / slide sheet:

Pain / distress -
How you know I am in pain / distressed:

Comfort -
How you can comfort me:

Sleeping -
Sleep pattern, positioning aids:

Keeping safe -
Bed rails, pressure area care:

Personal care -
Dressing, washing etc.

Level of support required from staff/carers -
Who needs to stay and how often:

Things I would like to happen
- Likes/Dislikes

GREEN

Think about – what makes you happy, and things which upset you. What are the things you like to do i.e. watching TV, reading, music. How would you like people to talk to you (quietly, slowly, loudly). Food and drink, likes / dislikes, physical touch / routines / interests / things that help you feel safe - (being in a quiet side ward or in the main ward) etc.

Things I like Please do this: 	 **Things I don't like** Please don't do this:

Have we missed anything important you might like to tell us about?

Form completed by: Date:

Designation: Tel No:

Developed by Ruth Bell, Hospital Liaison Nurse-Learning Disability, in collaboration with colleagues from Oldham PCT and Oldham Adult & Community Services from a document produced by Gloucestershire Partnership NHS Trust.