HOSPITAL STAFF:

PLEASE READ FOR DETAILS ABOUT MY CARE

Admission to Hospital
Information

To be used to support Initial Clinical Assessment
<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Name:</td>
<td>NHS No:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Tel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile:</td>
<td>Tel:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GP:</th>
<th>Tel:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Epileptic</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetic</th>
<th>See Care Plan (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Service Provider:

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Tel:</th>
</tr>
</thead>
</table>

Current Medication:

Mars Sheet/Pres card
Please take all current medication to hospital
Any known allergies

<table>
<thead>
<tr>
<th>YES</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact relative has been contacted:</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Best Interests/Capacity and Consent Issues addressed
See attached documentation (if available)

<table>
<thead>
<tr>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Communication Speech:

Understands speech:

Sign Language:

Communication aids:

Can read:

Can write:

Sight:

Hearing:

Aware of surroundings

Aware of danger:

Needs help with the following

Dressing

Washing

Mouth care/Dentures

Eating (aids)

Drinking

Medication

Toilet/urine

Toilet/faeces

Hand washing

Menstrual cycle

Using the bath

Mobilising

May wander if left unobserved: Yes: No:

May take others belongings: Yes: No:

Can be left unobserved in bed: Yes: No:
<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Name:</td>
<td>NHS No:</td>
</tr>
</tbody>
</table>

**Other Key Issues:**

**Method of expressing pain:**

Mental Health Issues (ie depression, dementia):

Special Diet:/Allergies:

Religious Issues:

Confused State?

Personality/Key behaviour:

Responds well to

Sleep pattern:

Skin condition:

Bowel pattern:

Epilepsy:

Plans available:

Likes:

Dislikes:

Key Support and Care Plans:

1.

2.

3.

4.

5.
<table>
<thead>
<tr>
<th>Name:</th>
<th>Preferred Name:</th>
<th>DOB:</th>
<th>NHS No:</th>
</tr>
</thead>
</table>

**Level of support provided by house staff team:**

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Night</th>
<th>Day 5</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 2</td>
<td>Night</td>
<td>Day 6</td>
<td>Night</td>
</tr>
<tr>
<td>Day 3</td>
<td>Night</td>
<td>Day 7</td>
<td>Night</td>
</tr>
<tr>
<td>Day 4</td>
<td>Night</td>
<td>Day 8</td>
<td>Night</td>
</tr>
</tbody>
</table>

**Signed:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Date:** .................................................................

**Time:** .................................................................

**Signature of Ward Nurse:** ...........................................

**Signature of Information Giver:** ...................................

**Summary on discharge**

..................................................................................

..................................................................................

..................................................................................

..................................................................................

**Date:** .................................................................

**Signature of Ward Nurse:** ...........................................

Page 4 of 6
Good practice guidance when a Service User is admitted to a general hospital

Flow Chart

Contact the ward or department. Inform the Nurse in charge of client admission and any issues to be aware of. Record in notes.

Ensure you have handed over:
- Admission to hospital booklet/hospital/health/passport
- Copies of medication charts
- Relevant and up to date care plans
- Record in notes

Write to Nurse in charge giving summary of need. Refer to the information provided in hospital booklet/hospital/health passport, request to be informed of individual’s discharge and record in notes.

If concern re – hospital care
Immediately raise concerns verbally with ward staff.
Write a factual letter to Ward Sister State:
- Who you talked to on ward
- Ward name
- Dates of stay
- Time, date, history of admission
- Detail the care that is poor
- Consequences of that poor care
- Alert Adult Services and/or hospital social worker if safeguarding concerns
- Record in notes

cc Matron/Surgery Lead
Local Health Facilitator
Community LD Team

If good patient experience
Please contact the ward by letter to commend good practice.

cc Matron/Surgery Lead
Local Health Facilitator
Community LD Team
This document will be reviewed in May 2012. If you would like to give feedback or comment please send to:

Julie Chapman  
Clinical Leader Health Facilitation  
The Kestrel Centre  
St James’ Hospital  
Locksway Road  
Southsea  
PO4 8LD  
julie.chapman@solent.nhs.uk