

How to Fill Out My Personal Health Passport[®]

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How to Fill Out My Personal Health Passport

Hi There,

Here are some tips and guidelines on how to fill out my personal health passport. Please ensure my personal health passport remains with me at all times. Please bring the passport to all my therapy appointments, hospital presentations, admissions and respite.

Please make sure that all relevant and important information about me is filled into the passport and updated regularly. **Please use clear legible writing.** The passport should be written in the first person. In other words write it as if I am talking to the person reading it!

You may have noticed that my personal health passport is colour coded. This is to help people locate the information they need in a quick and easy manner. Please write my name on the bottom of every page in case any get mislaid or lost.

Some parts of the passport may not apply to me so you can write N/A or not applicable. Try and keep information clear and concise. Everyone is different so you may wish to add information under headings that are not listed in these guidelines. If it's something important about me and people need to know feel free to write it in but try to keep what you write short and to the point.

If you require replacement pages please download from www.muh.ie

Your help will make a difference in my daily life.
Thanks!



Things You Must Know About Me



Page 3-5: My profile, my contact information and people involved in providing my care.

Page 6: **Diagnosis:** State if I have a medical diagnosis, otherwise state what my main medical needs or symptoms are.

Brief Birth History: How many weeks I was born at, my birth weight, place of birth, any special baby care/intensive care required and length of time in hospital after birth.

Medical/Surgical History: State my current medical issues and what they have been in the past. Fill in when I have been ill and/or required hospitalisation. Document any surgeries I had in the past and when. State if I presently have any pressure ulcers.

Seizures: Tick 'No' if non applicable. State what type of seizures I can have and what they look like. How long they typically last, if I usually require rescue medications to stop the seizure and if so after how long. If the rescue medication can be repeated - state when to call an ambulance.

Page 7: **Allergies:** State if I have any allergies to foods or medications. State if I have had any allergic reactions in the past. State if my parent(s) have had any significant allergic reactions.



Vaccinations: State if my vaccinations are up to date for my age or the vaccinations I have received until now or if I have not received any vaccinations. Note any additional vaccinations received not included in the childhood immunisation schedule.

Important Information Regarding Medical Interventions:

Mention issues/fears I may have. Say if I am needle phobic, have a history of very poor IV access, where is usually best to take bloods from me or anything else that is important re: having procedures carried out.

Things You Must Know About Me



Medications: Write down all medications that I take on a daily basis, at what times and how often. Also write down any medications that I require occasionally or when unwell.



How I Take My Medications: State if I take my medications orally (by mouth) or by Gastrostomy (PEG), Jejunostomy (JEG), Nasogastric (NG), Nastojejunal (NJ) tube or other. Note the form of medications I require (syrup, tablet, crushed or other). What strategies encourage me to take my medications.

Page 8:



How I Communicate to Others:

Note what means or method of communication I use to communicate with others. For example Words, Signing, Picture Exchange, Gestures, Symbols, Photos, Using Objects, Facial Expression, Behaviour, Eye contact or any other way I communicate.



How You Can Communicate With Me:

1. State strategies to help you communicate with me and help me to understand what is being said e.g use eye contact, lower yourself down to my height, speak slowly, do not use too many words, Use simple language, avoid medical jargon, use 1 or 2 step commands only etc...



2. Also state whether I use words, signing, picture exchange, gestures, symbols, photos, using objects, facial expression, behaviour to communicate my needs to you.

Behaviour Issues:

1. Tick 'No' if I there are no issues or concerns regarding my behaviour.

2. State what tends to cause my behavioural outbursts (long waiting times, loud noises/environments, touch, invasion of personal space, pain etc)

3. State what type of behavioural outburst I tend to have. E.g aggression, shouting, screaming, self-harming, other, etc.

Things You Must Know About Me



4. State how I act or present to others during the episode.
5. Note how to support me and what to do if it occurs.
6. Note how to keep me and those around me safe.

Page 9:

How I Tell You What I am Feeling:



1. State how I will tell you if I am experiencing feelings eg. By telling you, pointing to area of pain, how I look, self harming, being quiet, being noisy, crying, other....



2. State what generally can make me feel that way.

3. State what strategies or actions can support me during that experience.



Things That Are Important To Me



Page 11:



How I Eat: Note if I eat orally (by mouth) and the consistency* I require oral foods to be. Include any food aversions.

OR if I require enteral feeds such a Gastrostomy (PEG), Jejunostomy (JEG), Nastogastric (NG), Nastojejunal (NJ) tube feeds or other.

How I Drink: Note if I can take fluids orally (by mouth) or not. How I drink orally. The consistency* I require oral fluids to be (normal or modified).

***Please refer to my SLT's recommendations using "Irish Consistency Descriptions for modified fluids and foods" (2009).**

Note If I require any special equipment for eating or drinking e.g special spoons or cups and any special seating or positioning required during meal/feed times.

Daily Diet: Note what I usually eat and drink by mouth during a typical day, my usual mealtimes, any food textures or drinks that I should avoid to prevent aspiration or choking.

OR state my daily enteral feeding regime and the tube flushes required before and after feeds.

Issues with Swallowing/choking: Note if I have any problems with my swallow, a history of aspiration, if I tend to choke on certain food textures or drink consistencies, if I tend to drool a lot, if I am under the care of a speech and language therapist (SLT) for review of my swallow and if I have SLT guidelines in place for safe eating/drinking and swallowing (state if so). State strategies/ways to help me eat and drink safely.

Page 12:

How to keep me safe: Note what actions are required, if any, in order to help keep me safe from external dangers e.g cot-sides need to be used while I am in my bed, if I require supervision at all times, if I have a history of absconding from areas, if I can self harm when..., etc.

Things That Are Important To Me



Page 12:



My Personal Hygiene Routine: Explain my typical routine for washing/showering/bathing. Note if any special equipment is required such as shower chairs, bath trolleys etc. State if I need any special bath products and if I have any skin complaints or problem areas.

Level of support I require: Who needs to stay with me, how often and when. State if I need someone with me on occasion or at all times in order to keep me safe and provide for my care needs. Note who usually provides my care and how often.



Going to the toilet: Note if I am toilet trained by day/night/not toilet trained. State my usual bowel and bladder pattern, any problems with diarrhoea, constipation or encoporesis (soiling) or enuresis (bedwetting) or stress incontinence, if I require assistance to go to the toilet, if I wear nappies or incontinence pads, if I require catheterisation, regular laxatives etc.



My Bedtime Routine: Note what time I usually go to bed. Any special routines that help me to sleep (night medication, bath before bed, light on, darkened room, music on, etc). Any comforters used (toys/blankets/music etc).

My Sleep Pattern: How long I tend to sleep for and when during a 24 hour period. Note if I require a nap/rest during the day.

My Posture in Bed: State the position I tend to prefer when going to sleep. How often I require repositioning during the night (or if I can move position myself). Any additional pillows required, use of a sleep system etc.

Things That Are Important To Me



Page 13:



How I Move and Get Around: Document if I am able to walk independently or require support to mobilise and how. If I am in a wheelchair, what equipment (splints, walkers, external pressure garments/body suits) or supports I have at home or in school that I need, for how long and the reason why I use them. State if I have a history of pressure areas (state areas affected.)



My Vision: Note: if my eyesight has been assessed (date of last assessment), if awaiting assessment or it has not been assessed. State if my eyesight is assessed as 'normal', if I have a visual impairment, if I require glasses (how often I need to wear them), if I am blind and if I am involved with a visiting teacher for the visually impaired.



My Hearing: Note: If my hearing has been assessed (date of last assessment), if awaiting assessment, has not been assessed. State if my hearing is assessed as 'normal', if there are any concerns regarding my hearing, if I have a hearing impairment, if I have a deficit in one ear only and which side, if I require hearing aids (when and how long I need to wear them) and if I am involved with a visiting teacher for the hearing impaired.

Any Additional information: If you wish to add information that does not fit under previous headings please add it here.

My Likes and Dislikes



Page 15: **Likes:** Think about what makes me happy/smile, activities I like to do at home or in school, routines, what music I like, foods I like, things I like to hear people to talk to me about, my favourite TV programmes etc...

Page 16: **Dislikes:** Think about what makes me sad/upset/bored/frustrated, food I dislike, physical touch/boundaries, noises I dislike, things that frighten me.

Page 17-18: **Diary of Health Care Appointments:**
Use this to document all the appointments I attend noting the reason for the appointment, the outcome of it (where any others referrals made?) and the date for the next appointment. This diary will be of assistance when attending other appointments. It's not always easy to recall the appointments I attend when you're speaking to another doctor/nurse or therapist.





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Production kindly funded by Kids Radiothon

**Things You Must
Know About Me**

**Things That Are
Important To Me**

**My Likes and Dislikes &
My Diary of Health Care
Appointments**