**Hospital Passport for Autistic People**

Please take this hospital passport with you if you have to go into hospital

This Hospital Passport gives staff looking after you important information about you. Please ask staff to read it.

You can contact the hospital liaison nurses in advanced if you know when you are coming in to some hospitals. Contact details are contained within the passport.

|  |  |
| --- | --- |
| **Full name:** |  |
| **I like to be called:** |  |
| **NHS Number:** |  | **Date of Birth:** |  |
| **Things that I may need to bring with me to hospital may include:**   | (examples could be an activity you like, sensory items, some music a family member or carer, anything that helps keep you relaxed) |

It will be useful to take a copy of this passport into hospital, either on your phone, or in paper form. Your hospital may also be able to upload digital copies to their system prior to your visit.

This passport was last updated on:

I would like this to be updated at this time (delete if not necessary):

The person responsible for updating this is (delete if not necessary):

**Autism Spectrum overview for staff:**

Autism is a spectrum condition; people with autism share certain differences, but will be affected in different ways.

* **Please ensure you read this hospital passport for this patient and help identify reasonable adjustments to support this individual to have a positive experience in hospital.**
* **Please contact autism liaison teams within the hospital if you need support (the contact details are on a following page)**

**Social Communication**: Differences with interpreting both verbal and non-verbal language like gestures or tone of voice, body language and social cues/rules. May have a very literal understanding of language, and think people always mean exactly what they say. It is important to be specific. Say exactly what you mean in clear, concise language. Allow time to process

**Social Interaction:**  Differences ‘reading’ other people – recognising or understanding others’ feelings and intentions – and expressing their own emotions. May require a quiet space or have difficulties in large groups of people and waiting rooms. Some people may be very direct and honest when communicating with professionals

**Repetitive behaviour and routines:**  Many people benefit from having routines in place, it is therefore important to provide structure, be predictable and consistent. The explanation and use of rules can also be important in a hospital setting. Autistic people may experience increased anxiety around unexpected changes, but often cope better if informed in advance and can prepare for change.

**Anxiety:** Many autistic people experience anxiety. It can affect a person psychologically and physically. Constant anxiety can be extremely distressing for autistic people. It can lead to meltdowns, self-harm and depression. Common triggers include noisy environments and the difficulty of social interactions. It is important to identify what is causing a person’s anxiety and then to take steps to reduce it.

**Sensory Sensitivity:** Autistic people may also experience over or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. This can cause anxiety or even physical pain.

**\*\* Please debrief this patient when they first arrive in hospital to fully explain their situation, ward routines, how long they will be staying etc. when they first arrive at the hospital/setting. This information should be given in written form as well, where possible\*\***

**Personal Information:**

This is so hospital staff has information about you and people you are close to, in case they need to contact them.

|  |  |
| --- | --- |
| **Address:** |  |
| **Telephone number:** |  |
| **Email Address:** |  |
| **GP:** |  |

If I am admitted to the hospital I would like the following person/people to be contacted:

|  |  |  |
| --- | --- | --- |
| **Name:** | **Relationship:** | **Phone Number:** |
|  |  |  |
|  |  |  |
|  |  |  |

**Important Information:**

|  |  |
| --- | --- |
| **Allergies:** |  |
| **Relevant medical conditions:** |   |
| **Relevant information or past history:**  |   |

**Other information you should know about me:**

*You do not need to complete every box. This information is to help identify things you might find difficult in hospital so people know how to best support you.*

|  |  |
| --- | --- |
| **How I like to communicate:**Examples: I need time to process information. I prefer to write things down.  |   |
| **How I would like people to communicate with me:**Examples: I need people to use clear simple language. I need things written down. I need people to give me time to process/think.  |   |
| **Things I do not like in hospital and may find challenging:**Examples: I do not like being touched. I find noise difficult. I find crowds too much. I am fearful of needles. |   |
| **What I do when I am in pain:**Examples: I become quiet. I find it difficult to tell someone I am in pain. I get more frustrated angry. I have a high/low pain threshold. |   |
| **What I do if I am anxious/worried:**Examples: I become withdraw/ go quiet. I get angry. I pace around. I find it harder to have conversations. |  |
| **Things that can help if I am worried/anxious:**Examples: The use of a single/quiet room. Give me more time to process information. Discuss certain topics that I enjoy talking about. Having important information written down.Medication (PRN) that has helped in the past. |   |
| **Things I do not like that people should know:**Examples: I do not like being touched. I do not like eye contact. I do not like certain words or phrases. I do not like people being late. I struggle with change. |   |
| **Things I do like that people should know:**Examples: I prefer male/female staff. I like to be given time to prepare for change. |  |
| **Routines**Examples I like to plan my day. I need each day’s routine to stay the same.I need a written ward routine i.e. mealtimes, ward rounds etc. |  |
| **Topics I like to talk about (this can help staff get to know you):**Examples: I have a keen interest in ….  |  |
| **Sensory** Examples I have difficulty with certain types of lights, sounds, tastes, textures or smells. |   |

* Please also complete the reasonable adjustment request sheet on the last page.

Some hospitals have specific teams that may be able to offer in person support. You do not need to have a learning disability to access these teams.

**Great Western Hospital – Learning Disability and Autism Nurses.**

The Trust has two Learning Disability Nurses who are available to support staff in treating inpatients and outpatients who have learning disabilities, **and / or Autism**.

The Nurses key goals are to improve inpatient and outpatient hospital experiences for autistic people, and to look at complex care pathways for individuals requiring multiple investigations simultaneously.

Our nurses will be on hand to provide training for staff, reassure patients during their time in hospital or work with staff and patients on bespoke care pathways that meet the patients’ additional needs.

* **You can contact them prior to any hospital appointments and/ or treatments so that they can support you, if you feel you would benefit from their assistance.**
* **You can email this hospital passport to them, so they can ensure that it is given to the correct department ahead of any care.**
* **You can let them know of any specific worries or concerns you are having, to see if they are able to support you in anyway.**

**Contact details:**

**Tel: 07766923647**

**Email: gwh.ldliaisonnurses@nhs.net**

**Reasonable Adjustment Requests for Autistic patients accessing the Hospital Services**

**This form is to make your hospital stay easier for you. We will do our best to meet your requirements but if we are unable to fulfil a specific need, we will talk to you about it and consider possible alternatives.**

**Please use the headings below as a guide to explain what could help you whilst in hospital.**

**Ask someone to support you to complete this form if needed. You can read the back of this sheet for a guide of how to complete it.**

**Anxiety -**

**Sensory -**

**Physical -**

**Communication -**

**Advocacy/Support** –

All staff note this side is guidance, please see previous side for specific patient information

Guidance to completing this form:

You may want to consider the following suggestions –It is important you put down anything that you want healthcare professionals involved in your care to know.

**Anxiety** – Is there anything that makes you anxious? Is there anything you do when you are anxious? How can people help you when you are anxious? What do you do to help yourself when you are anxious?

**FOR EXAMPLE: I get anxious when I do not know what is happening with my care, I may tap my legs or pace around. It helps if you can take the time to keep me updated and give me any warning when things are about to happen.**

**Sensory** – Consider if you have any difficulties with visual stimulation, hearing (e.g. loud noises, high pitched sounds), touch (e.g. being touched, texture of materials) and tastes/smells – What are they? How do you react to sensory difficulties? Do you have any sensory requirements, where you require more sensory input? i.e like the need to pace, or having something to fidget with?

**FOR EXAMPLE: Bright or flashing lights make me feel panicked, I might try to cover my head and find it difficult to stay in a bright room. It helps if you turn the lights down. Noise such as jangling keys and fire alarms can be distressing. I find that being able to pace, helps relieve my anxiety and helps me to self regulate.**

**Physical –** How do you respond if medical staff need to touch you? How might that effect you? Are there any medical interventions you do not like having? What sort of things cause you distress? What would help?

**FOR EXAMPLE: I feel physical pain if I am touched – I want to be warned before someone touches me or I might get angry or shout. It helps if you give me warning before you touch me.**

**Communication** – Do you have differences with communication? What aspects of communication do you find you require more support with? How do you communicate with other people best? How would you like health professionals to communicate with you? How can people obtain necessary information about how best to help you?

**FOR EXAMPLE: I struggle to take information in when there are many things happening around me. Please make sure you speak to me in a quiet environment, and give me time to think about my answers. Write information down to give me time to process it. Write down the ‘Take away’ information from any verbal conversations we have had, in bullet points. Be concise and specific and adhere to what you have stated you will do. If something has to change, please try to give me warning and an explanation.**

**Advocacy/Support** –Do you have someone who knows you well, and who you trust to speak up for you on your behalf if you are finding communication difficult? Do you need someone present to help with procedures or explanations?

**FOR EXAMPLE: My brother (name) will support me with appointments when he can. His phone number is \*\*\*\*\*\*\*\*\*\*\* and he will sometimes talk to people over the phone on my behalf.**

**You should also bring this with you any time you go to the hospital to show staff. Although this form is for use in the hospital, you can bring this to any service to inform them on what reasonable adjustments you may need.**