



North Somerset  
Primary Care Trust

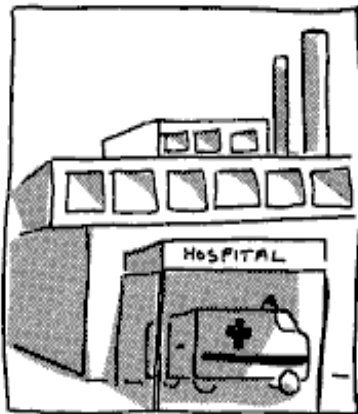


Weston Area Health  
NHS Trust

RED

AMBER

GREEN



## HOSPITAL ASSESSMENT

For people with learning disabilities.

This assessment 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.

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

This includes Resuscitation Status.

**Make sure that all the nurses who look after you read this assessment.**

*This form is being used with grateful acknowledgement to  
Kevin Elliott, Lead Health Facilitator, Gloucestershire Partnership NHS Trust, who developed this form and  
has given permission for us to use it.*

# RED-ALERT

## Things you must know about me

Name -

NHS number -

Likes to be known as -

Address -

Tel no-

Date of Birth -

GP -

Address:

Next of Kin -

relationship -

Tel no -

Key worker/main carer -

relationship -

Tel no -

Professionals involved -

Tel no -

Religion -

Religious requests -

Allergies -

Current medication -

Current medical conditions -

Brief medical history -

Level of comprehension/ capacity to consent -

Medical Interventions - how to take my blood, give injections, take temperature, medication, BP etc.

Behaviours that may be challenging or cause risk -

Heart (heart problems) -

Breathing (respiratory problems) -

Eating & Drinking issues -

**AMBER**

## Things that are really important to me

**Communication** -

How to communicate  
with me.

**Information sharing** -

How to help me  
understand things.

**Seeing/hearing** -

Problems with sight  
or hearing

**Eating (swallowing)** -

Food cut up, choking,  
help with feeding.

**Drinking (swallowing)** -

Small amounts,  
choking

**Going to toilet** -

Continence aids,  
help to get to toilet.

**Moving around** -

Posture in bed,  
walking aids.

**Taking medication** -

Crushed tablets,  
injections, syrup

**Pain** -

How you know  
I am in pain

**Sleeping** -

Sleep pattern,  
sleep routine

**Keeping safe** -

Bed rails, controlling  
behaviour, absconding

**Personal care** -

Dressing, washing etc.

**Level of support** -

Who needs to stay  
and how often.



Completed by: .....

Date:.....

# GREEN

Things I would like to happen

Likes/dislikes

<p>THINGS I LIKE</p> <p>Please do this:</p>		<p>THINGS I DON'T LIKE</p> <p>Don't do this:</p>	
<p>Think about - what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.</p>			

Completed by: .....

Date:.....