



COVID-19: Emergency Hospital Passport





Some of us need to make plans in case we become very ill and need to go to hospital.



There are many hospital passports templates available online. They do not all include our equal right to healthcare.



This is an equal rights-based hospital passport that you can take with you.





It includes the most important information, for a disabled person who has the Covid 19 virus and needs to go to hospital.



Once admitted to a regular ward, or in the case of other treatment or admission, you could use a more detailed hospital passport, or support plan.



West of England Centre for Independent Living has a free support plan toolkit at:

https://www.createmysupportplan.co.uk



This document was created by Liz Crow and adapted by GMCDP for our website.

GMCDP and Liz Crow are issuing this information based on our best interpretation of the risks of this health emergency to disabled people.



To use the passport, you fill in your details and delete the instructions

You can prepare one now, so it is ready if you need to go to hospital with Covid 19.

The passport includes:



the optional section with a photograph



brief information about you and what is important to you





as well as including a clear anti DNR message.

Emergency Hospital Passport

Please keep this passport with my notes at the end of my bed.

Name	
Date of Birth	
June 1972 M T W T F S 1 2 4 8 9 (0) 11 15 16 17 18 22 23 24 25 29 30 31	
NHS number	
This is your medical card Please keep it in a safe place, it is proof Please keep it in a safe place, it is proof that you are entitled to NHS treatment. Please reli us this number in your get in touch Please reli us to find your records more quickly in help us to find your records more quickly	
Preferred Language	
Polski Cymraeg Verent Policy Local Line Communicate	
Signature	
S Yournah	
Date	
10 12 1 9 3 8 7 6 5	





I DO NOT CONSENT to a
Do Not Resuscitate order
(DNR, or DNACPR).





If I cannot be consulted about its use, Please **DO** consider me for ventilation if needed during emergency treatment.





My family [and advocate] are aware of my wishes.



Assessment notice:

The amended NICE Covid-19 guideline (NG159) states that the Clinical Frailty Scale should not be used to assess people under 65, or people with stable long-term impairment (such as cerebral palsy), learning difficulties or autism.

An individualised assessment is still recommended in all cases, based on an individual's current presentation.

Treatment decisions should not be made on the basis of the presence of impairment alone, or an individual's use of care or assistance.

My Health Needs

My Medication Changes to me medication **Except where essential for** emergency treatment, please don't make any changes to my medication without first talking to:

Medicines that I am allergic	
to or must avoid	
00000	
:	
Next of kin	Relationship
emergency contact	
	Phone number
	Address
My communication needs	

My access needs	
I need easy read	
My personal assistance	
needs	
Things that cause me to feel distress	
CIICOS	

Other people who have information on my treatment and care	
My advocate	
(This should be someone	
know knows you well and	
usually not a member of	
your family)	
Photograph	
3 3 4	

L

All about me and what is	
important to me	

Thank you for taking care of me and my equal right to healthcare.

or

Thank you for taking care of my mum/dad/sister/brother/partner/ friend and [her/his/their] equal right to healthcare.

This document was created by The Greater Manchester Coalition of Disabled People with the support of Bury People First and Photosymbols.



