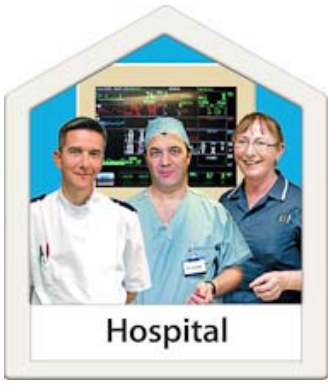
Gloucestershire NHS
Health Community

In partnership with the 2gether NHS Foundation Trust & the Gloucestershire Hospitals NHS Foundation Trust

RED

AMBER

GREEN



HOSPITAL ASSESSMENT

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.

INFORM HOSPITAL LIAISON NURSES AND RECORD DATE IN NOTES.

Please note: **Value judgements** about quality of life including decisions on resuscitation must be made in consultation with you, your family, carers and other professionals. This is necessary to comply with the Mental Capacity Act 2005.

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

RED-ALERT

Name - NHS number –

Likes to be known as –

Address -

Date of Birth - Tel no -

GP - Address:

Next of Kin - relationship - Tel no –

Key worker/main carer - relationship - Tel no –

Professionals involved - relationship - Tel no -

Contact in an emergency - relationship - Tel no -

Religion - Religious requests -

Current medication –

Current medical conditions – e.g. epilepsy, allergies, heart problems, breathing problems, eating & drinking issues.

Brief medical history –

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

Behaviours that may be challenging or cause risk –

Level of comprehension/ capacity to consent –

Completed by: ..... Date:.....

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

THINGS I LIKE Please do this:	☺	THINGS I DON'T LIKE Don't do this:	☹

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.

☺	☹

Completed by: …… **Date:……**

Review of Traffic Light Hospital Assessment form: April 2011
Produced by the Learning Disability Health Facilitation Team