

TRUST LOGO HERE



Anaesthesia and Theatres 'All About Me' Day Surgery Passport

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All About Me

Name:

I Like to Be Called:



Things I See My Doctor For...



Medicines I Take...



Allergies I Have...

What Reasonable Adjustments Are Already in Place for Me? e.g. at home, nursery, school for example



Likes and Dislikes

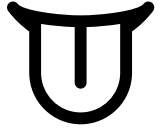


What Do I like?

What Don't I like?

What do I want to pack in my bag?

What would I like to bring in on the day to make me feel comfortable and Relaxed?



	Like It	Don't Like It	Not Bothered
Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lots of people/how many is too many?

How can the doctors/nurses/play specialists help me if I feel worried or upset?

Communication

How Do I like To Communicate?



How Do I Tell People When Things Hurt Me?



What Do I Do When I Don't Like Something?



How do I show that I'm happy and ok?



How do I show that I'm not happy or I do not like something?



Other Things You Should Know About Me...



What are my parents concerned about?

- 1.
- 2.
- 3.
- 4.
- 5.

Plan

(in some cases, this will need to be discussed with anaesthetist)

What would I like for my theatre journey if possible?

Bed:

Main bay

Or

Quiet room

Clothes:

My own

Or

Hospital gown

Magic numbing cream:

Hands

or

Feet

Name bands on:

Wrist

Or

Ankle

Medicine to make me feel brave and calm before my surgery:

Yes

Or

No

I would like to go to sleep:

Special sleepy gas

Or

Sleepy straw/IV

What would I like to eat and drink when I wake up from my operation? Special foods?

Other reasonable adjustments that may or may not be possible (in some very special cases, need to be discussed with anaesthetist)

Please tick if you would like to following adjustments to be considered

Where possible I will be first on the list

I may have to come straight from the car park into theatre

Other

.....

.....

.....

.....

.....

Healthcare Professional Plan

Signed:

Healthcare professional:
X.....

Parent/guardian:
X.....

(Copy given to family and a copy placed in the notes)
(Anaesthetic, Day Surgery and Recovery teams alerted to patient)