**CORE INFORMATION FOR EMERGENCY HOSPITAL ADMISSION**

photo

Name: xxxxx

Date of Birth: xxxxx

Home Address: xxxxx

NI Number: xxxxx

GP: xxxxx

 xxxxx

Next of Kin / contacts: xxx (mum)

 xxxx (dad) / xxx (aunt)

Allergies: NO food or medication allergies

Weight: 64 Kilos

Diagnosis: Cerebral Palsy, Visual Impairment, Severe learning disability**. I cannot communicate verbally and WILL NOT understand what is happening around me.** Speak calmly to me and NEVER shout. I do NOT have mental capacity to make decisions for myself and my parents make decisions for me in my best interests. Mum prepared this sheet.

Medication: Movicol (4 times per week mixed with breakfast for constipation)

**HOW TO SUPPORT ME TO KEEP ME AND OTHERS SAFE**

If possible I should be supported by mum/dad during all emergency interventions to help manage my anxiety, encourage positive behaviour and avoid the need to be restrained. This will also greatly reduce the number of hospital staff needed to keep me and others around me safe.

* **I.V.** I need to be sedated if and when I need an IV to be placed to avoid

me becoming very distressed and needing additional medical staff to

 manage my physical behaviour. This process needs to be done as quickly as

 possible. I find having an IV very distressing and once sedation has worn off

 I will constantly try to remove it. Please remove my IV as soon as safely

 possible. Once my IV is removed I should calm down.

* **OXYGEN**: If I need oxygen I will need to be sedated. If I am not sedated I will NOT

tolerate the nasal cannula or any type of mask and will become very

 distressed & need additional medical staff to manage my behaviour.

* **VENTILATION**: If I need deep sedation / anesthesia it should be administered through a

mask which will be less stressful for me.

Once sedation has taken effect an IV can be placed.

* **ANAESTHESIA**: No adverse reaction to anaesthesia to date.
* **END OF LIFE**: I am a catholic. Please call a priest if necessary.