

My Hospital Passport

Everything a patient should walk into hospital with.

The doctor who admits you has roughly 15 minutes to learn your whole medical history. What you can tell them in that time determines how quickly you get the best possible care.

Most people cannot tell them much. They take a small round pill for pressure and have a little sugar. They are allergic to an antibiotic they cannot remember from years ago but it ended with a stay in ICU. An uncle died young but nobody remembers from what. The team then works from guesswork and that is where unnecessary harm lies.

When researchers checked the medicine lists taken at hospital admission, up to two in three patients had at least one error in the list.

Tam et al. Canadian Medical Association Journal, 2005

This passport closes that gap for you and for the people who love you. Keep it up to date.



HOW TO USE IT

Two ways to keep it. Pick one and do it today.

1. **On your phone.** Fill in this PDF on the phone itself. Keep it in your Files app where you can find it in a hurry. Send a copy to your next of kin so they have it when you cannot speak.
2. **On paper.** Print it, fill it in with pen with every pill bottle, discharge summary and clinic card beside you and keep it on you: in the wallet, the handbag or the glove box. Give a second copy to the person who would drive you to hospital.
3. Hand it to the doctor who asks or give it to your close family (next of kin) to hand over for you. Update it every time a medicine or a clinic changes. Date the update on the last page.

WHO IT IS FOR

Anyone who could end up in a hospital bed. Start with your parents. Then yourself.

This passport is an organiser for your own records. It does not replace the advice of the doctors who treat you. In an emergency call 811 in Trinidad and Tobago or your local emergency number.

1 You

Your chart begins here.



Full name		Date of birth	
Phone		Blood group	
Home address			
Medical insurance		Occupation	

2 People to call

Name the one person who speaks for you if you cannot speak. Tell them that you have named them.

NAME	RELATIONSHIP	PHONE

Who makes decisions for me if I cannot	
What the team must respect blood products, religious needs, an advance directive and where it is kept	

3 Your doctors and clinics

Which clinic, which doctor and when you were last seen. This tells the admitting team who already knows you and where your records are.

CLINIC OR HOSPITAL	WHAT FOR	DOCTOR	LAST VISIT	NEXT VISIT

4 Conditions you have been treated for

Tick what a doctor has told you that you have and add the year it started if you know it. Pressure and sugar count. So does anything you were told to come back for and never did.



CONDITION	SINCE (YEAR)
☐ Diabetes (sugar)	
☐ High blood pressure (pressure)	
☐ High cholesterol	
☐ Heart attack or angina	
☐ Heart failure	
☐ Irregular heartbeat	
☐ Stroke or mini-stroke	
☐ Asthma	
☐ COPD or emphysema	
☐ Kidney disease	
☐ Liver disease or hepatitis	
☐ Thyroid disease	

CONDITION	SINCE (YEAR)
☐ Epilepsy or seizures	
☐ Sickle cell disease or trait	
☐ Cancer (type and year)	
☐ Blood clots in legs or lungs	
☐ Bleeding or clotting disorder	
☐ Stomach ulcer or reflux	
☐ Arthritis or gout	
☐ Depression, anxiety or other mental health	
☐ HIV	
☐ Tuberculosis	
☐ Dementia or memory problems	
☐ Other	

ANYTHING ELSE A DOCTOR HAS TOLD YOU ABOUT YOUR HEALTH

5 Times you were admitted to hospital

Every admission, including as a child. A night in hospital for a virus at 20 can be the clue at 50.

WHEN (MONTH, YEAR)	WHERE	WHAT FOR	HOW LONG

6

Copy the name and strength from the bottle, then write how you actually take it, which may differ from how it was prescribed. Bring the bottles anyway. Tick any blood thinner. It changes what the surgeon and the anaesthetist can do.



- ☐ I take a blood thinner (warfarin, apixaban, rivaroxaban, dabigatran, clopidogrel, aspirin) ☐ I take insulin
- ☐ I take a steroid tablet

[illegible]

7 Also tell them

Painkillers from the pharmacy, vitamins, supplements, bush medicine and anything bought online. These interact with hospital medicines. Nobody is judging. They need to know.



WHAT YOU TAKE	HOW OFTEN	WHAT FOR

8 Allergies and bad reactions

An allergy is the body reacting. A side effect is a medicine doing something you did not like. Both are important and they are managed differently. Write what actually happened.

☐ I have no known allergies ☐ I carry an epi/adrenaline pen

MEDICINE, FOOD OR SUBSTANCE	WHAT HAPPENED (RASH, SWELLING, TROUBLE BREATHING, COLLAPSE, VOMITING)	WHEN	HOW SURE ARE YOU

9 Operations and procedures

Include day procedures, scopes and dental work under anaesthetic. Note any problem with anaesthesia, in you or in a blood relative.



WHAT WAS DONE	WHEN	WHERE	ANY PROBLEMS

- ☐ Pacemaker or defibrillator ☐ Heart stent, how many ☐ 1 ☐ 2 ☐ 3 ☐ 4+
☐ Bypass graft (CABG), how many ☐ 1 ☐ 2 ☐ 3 ☐ 4+
☐ Artificial heart valve ☐ Dialysis catheter or fistula ☐ Metal plate, screws or joint replacement
☐ Other implant

10 Your family

Parents, brothers, sisters and grandparents. Heart attack, stroke or sudden death before 60. Cancer and the type. Diabetes. Kidney disease. Ask the family. The gaps are often the most important part.

RELATIVE	CONDITION	AGE AT DIAGNOSIS	ALIVE OR AGE AND CAUSE OF DEATH
Mother			
Father			
Brother or sister			
Brother or sister			
Grandparent			
Grandparent			
Other			

IN THE FAMILY, BEFORE AGE 60

- ☐ Heart attack ☐ Stroke ☐ Sudden death ☐ Diabetes ☐ Kidney failure ☐ Cancer under 50
☐ None that we know of

11 Habits, be truthful

The team doses medicines and plans anaesthesia around these. Honesty here protects you.



Smoking: how much, since when, quit when	
Alcohol: what and how much a week	
Anything else you use	
For women: could you be pregnant, date of last period	

THE BAG. WHAT TO WALK IN WITH

- ☐  This toolkit, filled in and current
- ☐  Photo ID and insurance card, if applicable
- ☐  Every medicine you take, in the bottles, in one bag
- ☐  Clinic cards, recent results and any discharge letters
- ☐  Glasses, hearing aids, dentures and their cases
- ☐  Phone and charger
- ☐  A notebook and pen for the questions you will think of at 2am
- ☐  A change of clothes and slippers
- ☐  Small change only. Valuables stay home

FIVE QUESTIONS YOU ASK BEFORE YOU LEAVE

- ☐ ? What was wrong with me, in plain words?
- ☐ ? What changed in my medicines? What was stopped, what was started and for how long?
- ☐ ? What should bring me back and where do I go?
- ☐ ? Who do I see next and when?
- ☐ ? Who do I call if I am not sure?

UPDATES

DATE	WHAT CHANGED

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12 After a hospital stay

The most dangerous hour of a stay is the one after discharge. Before you put on your shoes, fill this in with the nurse or doctor who is sending you home. Then copy the diagnosis onto page 3 so it travels with you.



Hospital and ward	
Admitted on, discharged on	
Discharge diagnosis the medical term, copied from the discharge letter	
In plain words, what was wrong	
What was done operations, procedures, transfusions	
Medicines started	
Medicines stopped or changed	
Results still to come	
Follow-up: who, where, when	
Come back if the warning signs they told you	
Who to call if unsure	

THE FIRST WEEK HOME

1. Get the discharge letter in your hand before you leave.
2. **Fill every new prescription the same day.** A gap of two days in a blood thinner or a heart medicine is where you end up back in the hospital.
3. Put every bottle on the table and match it to the list above. Stopped medicines go in a bag marked STOPPED and out of the cupboard.
4. Update page 4 and tick the new condition on page 3. Date it on page 7.
5. Book the follow-up before you leave the ward or the next morning. Write it on page 2.
6. Tell the person on page 2 what happened and what the warning signs are. They will notice before you do.

GO BACK THE SAME DAY IF

- ☐ The warning signs above appear
- ☐ A new fever, new chest pain or new shortness of breath
- ☐ A wound is red, hot, leaking or opening
- ☐ You cannot keep medicines or fluids down
- ☐ You are more confused or more sleepy than when you left
- ☐ Anything that frightens the person on page 2

Around one in five people has an adverse event within three weeks of discharge and two thirds of those are medicine related. Most are preventable with the list above in hand. Forster et al, Annals of Internal Medicine 2003.