

# My Hospital Passport: How to Use

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## Introduction

Inside this passport, you'll find information that is helpful for your doctors, therapists, nurses, and specialists to know about your needs at the doctor or hospital. It was designed to bring to medical appointments and hospital stays, but can be used in any way that makes sense to you!

*My Hospital Passport* is meant to get you thinking about what might be helpful for you in the hospital, but is not an all-inclusive list. Every person is different, and will have different things to add and take away from this packet.

## Personalization

This passport is completely customizable. Fill it out based on what makes sense for your specific needs. Feel free to leave pages out or add in extra information based on what you see fit.

## Use

You can edit this document on your computer or print it out and write on it by hand. On the computer, click on the grey boxes to type inside.

Use this passport in any way you'd like. The "All About Me" page is designed to provide your child's care team a brief overview of how they can best provide support. Other pages can provide the care team with more detailed information. Fill it out ahead of time or ask your team to help.

## More Information

For help preparing for a hospitalization or upcoming appointment, call your hospital's Child Life or Social Work department.

# My Hospital Passport

insert photo  
of me

**My name is:** \_\_\_\_\_

**My Birthday is:** \_\_\_\_\_

Sometimes when I don't feel well, I will need to go to the doctor or hospital. This book needs to go with me. It tells my doctors and nurses important information.

Please ***put this book where my doctors and nurses can see*** (e.g., hanging on my bed, taped outside my door).

Inside this book, you will find information that will help me participate in my medical care.

**Completed with help by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# All About Me

**Name/  
Nickname:**

**How I Identify:**

**A few of my favorite things and interests:**

**Topics that  
interest me:**

**What I like to  
watch:**

**Some of my  
favorite things:**

**Important things to know about me:**

**The way I best  
communicate and  
understand:**

**Things that are  
hard for me:**

**Things that help  
me when I'm  
scared or upset:**

Give this information to your child's care team!



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Name:

# Important Information

Parent / Guardian:

Emergency Contact:  
(Relationship):

Languages spoken:

Vision and hearing  
status:

Allergies:

Blood Type:

## Medications

Name

Dosage

Frequency



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# Communication

Name:

These are the ways that I communicate and how I understand language (check all that apply):

## EXPRESSIVE:

- ☐ Age appropriate speech and language
- ☐ Speak in shorter phrases
- ☐ Minimal speech/single words
- ☐ Use sign language
- ☐ Use picture-based system
- ☐ Use an electronic communication device
- ☐ Nonverbal behavior
- ☐ No functional speech
- ☐ Other: \_\_\_\_\_

## RECEPTIVE:

- ☐ Age appropriate understanding
- ☐ Understands 2-step directions
- ☐ Understands 1-step directions
- ☐ Understands short phrases
- ☐ Understands single words
- ☐ Understands visuals
- ☐ Understands sign language
- ☐ Limited understanding
- ☐ Other: \_\_\_\_\_

## Communication Details:



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Name:

# Medical Tolerance

Some medical tasks may be hard for me. I need support with these things (check the appropriate box):

Note: Your child's medical team can help complete this page if unable to complete ahead of time

	Independent	Do not tolerate	Tolerate with support	Comments:
Temperature				
Heart Rate Monitor				
Pulse Oximetry				
Blood Pressure				
Blood Draw				
IV Placement				
Medication	Swallow Pills?	Crushed?	Liquid?	
ID Band				
Hospital Gown				
Lines / Tubes / Medical Devices				



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# Behavior Supports

Name: \_\_\_\_\_

**When I am having a hard time with things that feel difficult, I may display these behaviors (check all that apply):**

## **AGITATION:**

These behaviors could mean that I am feeling upset/frustrated, or that I am in pain:

- ☐ Speech (vocalizations, yelling)
- ☐ Shutting down (quiet, despondent)
- ☐ Pacing
- ☐ Self-Stimming (rocking, flapping)
- ☐ Pushing people away
- ☐ Repetitive speech/perseverations
- ☐ Other: \_\_\_\_\_

## **ESCALATION:**

These behaviors could mean I am escalated and could be unsafe to myself or others:

- ☐ Aggression to self (hitting, head banging)
- ☐ Aggression to others (kicking, hitting)
- ☐ Biting
- ☐ Bolting/running away
- ☐ Crying or yelling
- ☐ Pulling at or removal of lines, tubes, or medical devices
- ☐ Property destruction
- ☐ Repetitive motor behaviors (stim)
- ☐ Tantrum
- ☐ Other: \_\_\_\_\_

## **These things may be difficult for me while in the hospital:**

- |  |   |
|--|---|
| <input type="checkbox"/> Being touched                 | <input type="checkbox"/> Hospital Environment                     |
| <input type="checkbox"/> Bright Lights                 | <input type="checkbox"/> Needle procedures                        |
| <input type="checkbox"/> Feeling pressured or stressed | <input type="checkbox"/> Lack of information regarding my care    |
| <input type="checkbox"/> Lack of control               | <input type="checkbox"/> Sounds (yelling or unpredictable noises) |
| <input type="checkbox"/> Presence of medical staff     | <input type="checkbox"/> Waiting                                  |

## **Additional Information:**



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# Behavior & Reinforcement Plan

Name:

**If your child has a behavior plan or reinforcement schedule at home or at school, please attach or describe the plan here. This will help medical staff understand how they can best support your child.**



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# Accommodations

Name: \_\_\_\_\_

**What are some strategies or items that may make me more comfortable while I am in the hospital? (check all that apply)**

## Medical Accommodations:

These are strategies that might be helpful in preventing distress:

- ☐ Avoid rushing when possible
- ☐ Access to communication tools and strategies
- ☐ Access to my favorite things
- ☐ Do not have medical conversations in front of me
- ☐ Incentives / reinforcements
- ☐ Limit the amount of times you take my vitals
- ☐ Talk about what is going to happen before it happens
- ☐ Use visuals and social stories to help me understand
- ☐ Other: \_\_\_\_\_

## Environmental Accommodations

These environmental considerations can help keep me calm:

- ☐ Minimize the number of people in the room
- ☐ Plan for additional people to help manage my agitation
- ☐ Keep important items within reach
- ☐ Ask before moving items around my room
- ☐ Allow me to wear my clothes from home
- ☐ Other: \_\_\_\_\_

## Additional Information:



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Name:

# Coping Needs

**When I'm feeling overwhelmed or unsure, these are things that can help me cope.**

## Coping

These are strategies and items that might help me cope with the medical environment and unfamiliar routines (check all that apply)

- ☐ Distraction
- ☐ Movies, TV, or hand-held games
- ☐ Music
- ☐ Sensory items and toys
- ☐ Weighted materials (blanket, lap pad)
- ☐ iPad or Tablet
- ☐ Books
- ☐ Noise reducing headphones
- ☐ Other: \_\_\_\_\_

## Additional Information:



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Name:

# Important Contacts

**Parent / Guardian:**

**Emergency Contact:**

Name:

Relationship:

Phone Number:

**My school or place of work:**

Name:

Phone Number:

**BCBA:**

Best Contact Number:

E-mail Address:

**Teacher(s):**

Best Contact Number:

E-mail Address:

**Therapist(s):**

Best Contact Number:

E-mail Address:

**Other:**



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Name:

# Additional Information

**This is what I understand about my medical diagnosis:**

**How I eat and drink:**

**Sensory Needs:**

**How to know when I'm in pain:**

**How to know when I'm happy:**

**How to know when I'm angry:**

**I calm down by:**

**Other:**



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Name:

# My Important People

Insert pictures and name of people that are important to your child. This can be helpful for your child to reference if you are unable to be at the bedside.  
(Staff can reference it with your child as well)



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