UHS Carers Pass (Unpaid Carers)

The Carers Pass is designed to support partnership working between carers, patients and clinical teams, enabling carers to be appropriately involved in a patient's care, in line with the wishes of both the patient and the carer.

Patient Name: **Hospital Number:** **D.O.B:**	**Carer Name:** **Relationship to patient:**
Date of Admission:	**Ward:**
Date of Agreement:	**Staff Name:** **Role:**

Has the patient been involved in the completion of this Carers Pass?
Yes☐ No ☐*if no, please explain why*

……...

As a carer, are you a documented primary contact, Lasting Power of Attorney (Health & Welfare) or Court Appointed Deputyship? **Yes☐ No ☐** **please provide staff with evidence*

STAFF: Has evidence been seen during this admission?
Yes☐ No ☐

What elements would you like to be involved in during this admission?:

- Personal Hygiene i.e. washing & dressing ☐
- Eating & Drinking ☐
- Toileting ☐
- Communication - please give details of this……☐
- Advocacy in conversations with clinical staff ☐
- Emotional support & reassurance ☐
- Discharge planning ☐
- Other ☐**please share details below*

To support the wellbeing of the carer throughout the patient's admission, the following information has been shared:

- Unpaid Carer Support Patient Information Leaflet ☐
- Access to the Carers Shower & Changing Facility at the Patient & Family Support Hub (B Level East Wing) ☐
- Carers Meal Vouchers *(funded by Southampton Hospitals Charity)* – 1 per patient, per night as an inpatient ☐

Carer Agreement **written in conjunction with staff*
As the identified carer during this admission I can do the following but accept staff may work alongside me to fulfil their clinical responsibility:

☐Visit outside of normal ward visiting times (*except when asked to leave due to clinical need*)
☐Provide assistance with washing and dressing
☐Provide assistance with eating and drinking
☐Be actively involved care discussions
☐Contribute to/be involved in discharge planning
☐Provide support during investigations

☐I understand that this Pass will be revisited at each admission or if circumstances change e.g. clinical environment challenges, at the request of the patient (if appropriate) or if patient/carer/staff safety is being compromised

I consent to a copy of this Carers Pass and agreement, being kept by the ward and in the patient's medical notes.

Carer Signature:	**Staff Signature:**
Date of Agreement:	