HOSPITAL PROTECTION KIT FOR VULNERABLE PATIENTS

Practical tools to make sure decisions are never made without family consultation

If someone you love is vulnerable because of a disability, illness, cognitive decline, communication differences or any condition that may affect decision-making, this pack is for you.

Inside you will find practical tools to protect your loved one during medical care, including checklists, question sheets and advocacy forms designed to ensure their voice is heard clearly and respectfully.

You are not being "difficult". You are being responsible.
Every patient has the right to dignity, safety and informed consent. Family consultation should never be bypassed.

HOSPITAL ADMISSION SAFETY CHECKLIST

For vulnerable patients receiving medical treatment

This checklist is designed to help families and carers ensure that the patient's rights, wishes and needs are understood at the very beginning of a hospital admission, when critical decisions are often made quickly.

Tick each box when completed:

☐ I have confirmed that I am the primary family contact or named advocate, and hospital staff have recorded my contact details correctly.

☐ I have checked whether a DNACPR order is already on file or has been discussed.

☐ I have stated that I expect to be consulted before any DNACPR decision is placed or reviewed.

☐ I have provided the patient's communication needs and preferences (verbal, non-verbal, AAC, gestures, sensory preferences etc).

☐ I have shared a brief summary of the patient's wishes, values, triggers and calming approaches.

☐ I have ensured that the patient is not described as "low quality of life", "poor prognosis" or "non-compliant" without full clinical justification.

☐ I have asked for reasonable adjustments to support the patient (quiet environment, carer present, extra time for communication, sensory tools, etc).

☐ I have written down the names of all staff involved in initial medical decisions (admitting nurse, ward doctor, consultant if applicable).

☐ I have asked when the first medical review will take place and whether I can attend (in person or by phone).

☐ I have saved or photographed the visible patient wristband label, bed board and notes location so I can cross-check information later.

Important reminder
Families and carers are not "interfering" or "making things difficult" by using this checklist.

You are helping hospital staff understand the patient as a whole person, which improves care and safety.

DNACPR QUESTIONS TO ASK & RECORD SHEET (PRINTABLE)

DNACPR QUESTIONS TO ASK & RECORD SHEET
For use during hospital admission or medical review

This sheet helps you record key information when DNACPR decisions are discussed, placed, reviewed or challenged.
Write clearly and request written answers from staff when possible.

SECTION 1 — Decision summary

Date discussed: _____

Time: _____

Ward / Location: _____

Name of clinician leading the decision:

_____

Their role / job title: _____

Other staff present: _____

_____

_____

SECTION 2 — Capacity and consultation

Tick when confirmed, and write brief notes.

☐ Was the patient assessed for mental capacity?
Notes: _____

_____

☐ Was the family / carer / advocate consulted *before* the decision was made?
Notes: _____

_____

☐ If consultation did not take place, what reason was given?

_____

_____

_____

SECTION 3 — Reasoning for DNACPR

Ask the clinician to clearly state the justification.

What clinical reasons were given for placing a DNACPR?

_____

Were any of these factors listed as justification? (circle if mentioned)

- disability
- learning disability
- autism
- mental illness
- communication differences
- age
- quality of life
- compliance / behaviour

If any of the above are given as justification without medical basis, request an immediate review or second opinion.

SECTION 4 — Review dates and next steps

Next scheduled review date for DNACPR:

Will the family/carer be contacted for the review?
YES / NO

If no, what reason was given?

If you asked for a review and it was refused, who refused and why?

SECTION 5 — Action if you have concerns

If you disagree with a DNACPR decision or feel the discussion was incomplete:

☐ Request a **second medical opinion**

☐ Ask for **a senior consultant to review the decision**

☐ Ask for a **written explanation to be placed in the patient's notes**

☐ Record the **full names** of all staff involved

Names and roles of all senior staff you spoke with:

Extra Notes:- *(if required)*

You are not "disrupting care" by questioning a DNACPR decision.
You are safeguarding the rights, dignity and safety of the person you care for.

PREFERENCES & COMMUNICATION SUMMARY SHEET

To help hospital staff understand the patient as a whole person

This sheet gives decision-makers the information they need to treat the patient with respect, dignity and individuality.
Keep a copy on admission and place it where staff can easily reference it.

Patient name

Preferred name (if different)

How the patient prefers to communicate

(tick all that apply)

☐ Verbal — clear speech

☐ Verbal — limited speech

☐ Non-verbal

☐ AAC device / communication board

☐ Writing

☐ Gestures / pointing

☐ Facial expressions

☐ Yes/no cards

☐ Other: _____

What helps the patient feel understood

(e.g., speaking slowly, questions with clear choices, extra time to respond)

Important personal preferences to respect

(e.g., modesty, food/drink, positioning, privacy, religious or cultural needs)

Triggers or sources of distress

(e.g., bright lights, noise, physical touch, medical procedures, crowds)

What helps the patient feel safe and calm

(e.g., soft voice, familiar carer, sensory object, dim lighting, quiet space)

Movement and physical abilities

(e.g., walks independently, uses wheelchair, needs support on stairs, unsteady when tired)

Pain / discomfort indicators

(e.g., specific behaviours, vocalisations, expressions, changes in movement)

Existing medical conditions and allergies

Additional information staff should know

This sheet reminds staff that the patient is a whole person — not a diagnosis, behaviour or assumption.
Knowing how to support the patient well improves dignity, safety and care outcomes.

DNACPR REVIEW & MONITORING TRACKER
For tracking DNACPR discussion, placement or review across time

Use this tracker to document each time a DNACPR is discussed, placed, reviewed or removed, across different hospital visits or medical settings.
It helps families identify trends, ensure decisions are justified, and prevent silent re-activation of DNACPR orders.

Patient name

Primary family contact / advocate

Phone: _____

Record of DNACPR discussions or decisions

Date	Hospital/Ward	Clinician Leading the Decision	Summary of Reason Given	Family Consultation Confirmed	Next Review Date	Outcome (Placed / Maintained / Removed)
				Yes / No		
				Yes / No		
				Yes / No		

Extra Notes:

DNACPR decisions must not remain on a patient's record without justification, review and family consultation.
This tracker helps prevent decisions being made silently or forgotten over time.

EMERGENCY PATIENT CONTACT CARD

Carry this in a wallet, phone case or hospital bag

Patient name

Disability / Condition / Vulnerability

(e.g., learning disability, autism, dementia, stroke, brain injury, neurological disorder, mental health condition, communication difference)

Primary family contact / advocate

Name: _____

Phone: _____

Relationship to patient: _____

Important statement

This patient is vulnerable.
Their disability or condition must not be used as justification for a Do Not Resuscitate (DNACPR) decision.

Family or advocate consultation is required before ANY DNACPR decision is placed or reviewed.

Additional notes (optional)

(e.g., communication approach, triggers, medical alerts)

The purpose of this card is to protect the patient's dignity, safety and right to informed consent.

Family involvement is a safeguarding measure, not interference.

Your Rights During Hospital Decisions

For families and carers of vulnerable patients

You have the right to:

- Be informed of any major decision affecting the patient, including DNACPR
- Ask whether a DNACPR has been placed, discussed, or is being considered
- Be consulted before a DNACPR decision is made or reviewed
- Request a clinical explanation and written justification for any DNACPR
- Ask for reasonable adjustments to support communication and understanding
- Request a second medical opinion if you disagree with a decision
- Ask for discrimination-free language in medical records
- Have concerns recorded in the patient's notes
- Request the involvement of a senior consultant or safeguarding lead
- Be treated with respect as part of the patient's support network

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A reminder for families

Speaking up does not mean you are disrupting care, questioning expertise or creating conflict.

You are fulfilling your duty to safeguard someone who is vulnerable and may not be able to speak for themselves.

Every patient has the right to dignity, fairness and informed consent. **Your involvement is a legal and ethical protection, not an inconvenience.**