

COVID-19

Hospital Summary

If you need to come into hospital, please bring this sheet with you, along with your hospital passport.

| Name | Address | | | | | |
|---|---|--|--|--|--|--|
| Date of birth | | | | | | |
| Keeping me safe (any risks or behaviours that hospital staff need to know) | | | | | | |
| Breathing issues (e.g. asthma, history of respiratory infections) | If you have a new cough, when did it start? Date: Time: | | | | | |
| What support would you need to have a swab taken? | Have you had any change in skin colour? Have you had contact with a person with a new cough or fever? | | | | | |
| Physical observations (what support would you need to have your blood pressure and temperature checked) | | | | | | |
| Someone who knows you well (this should be someone that we can talk to about your care and treatment)Things that you like or would distract you if you are upsetName: Relationship: Telephone number:Relationship: telephone number:Things that you like or would distract you if you are upset | | | | | | |

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Temperature Record

The most common symptoms of coronavirus (COVID-19) are:

- a new, continuous cough
- a high temperature (37.8 degrees and above)

You may find it useful to check you temperature regularly. You can use the table to record your temperature. Try to take your temperature at the same time each day.

| | date • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • | date u u u u u u u u u u u u u u u u u u | |
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If you have symptoms of coronavirus and need medical advice, do not go to places like a GP surgery, pharmacy or hospital, use the NHS 111 coronavirus service.