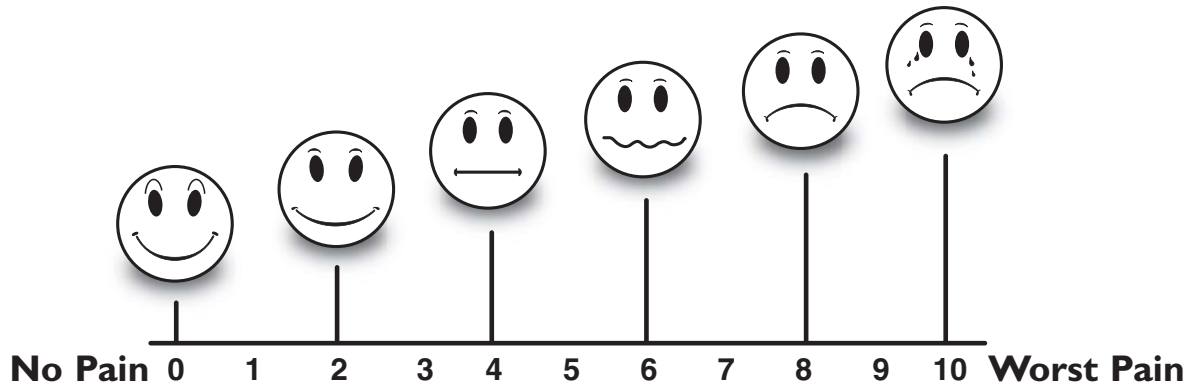
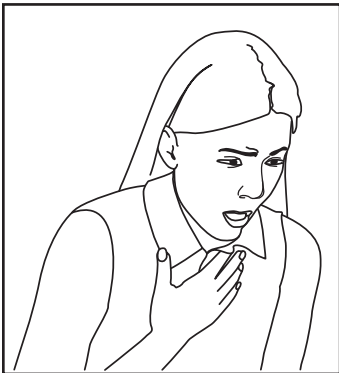


Communication Tool

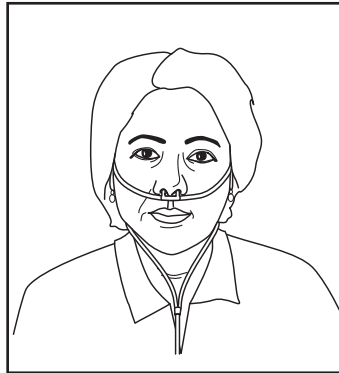
Pain



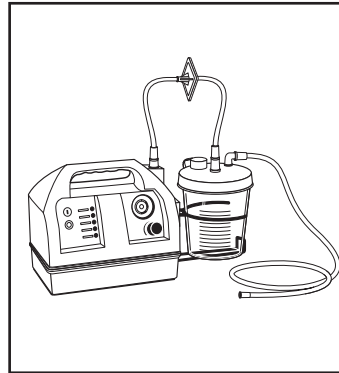
Hard to breathe



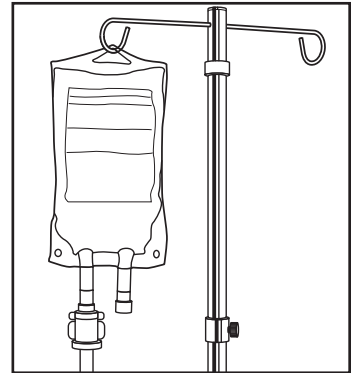
Oxygen



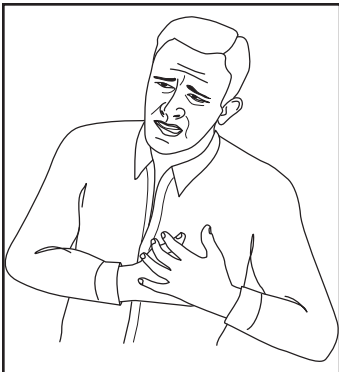
Suction



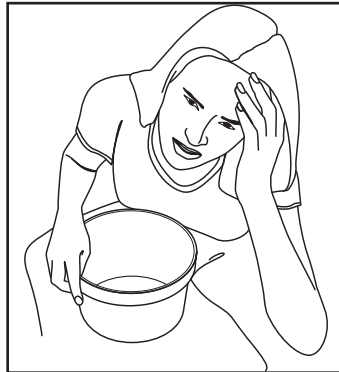
IV line



Chest pain



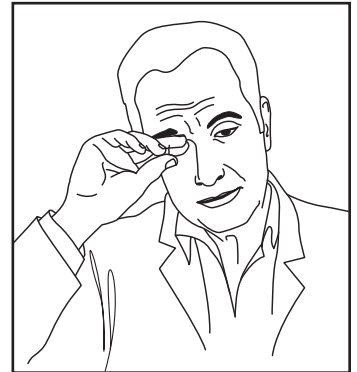
Nausea



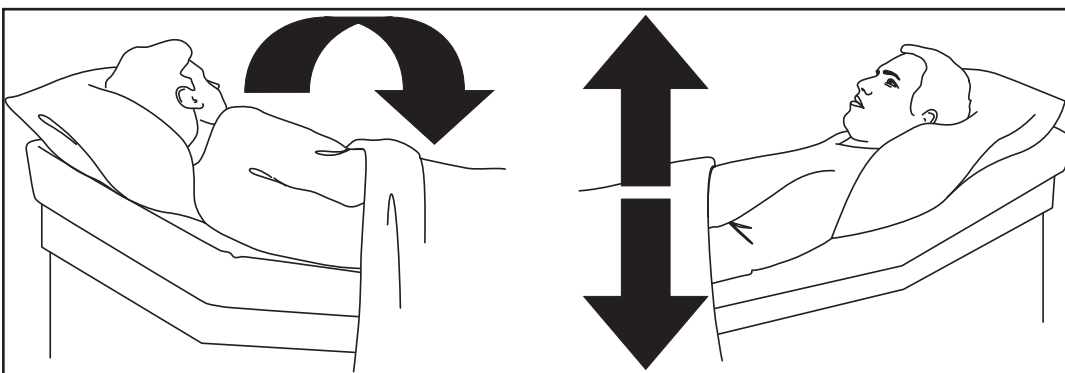
Headache



Blurred vision



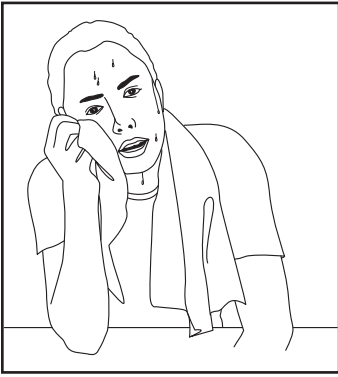
Move me



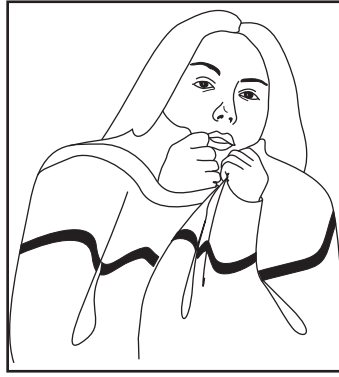
Bladder/bowels



Hot



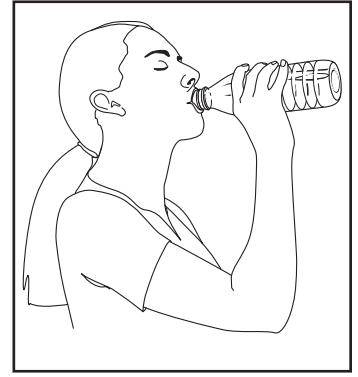
Cold



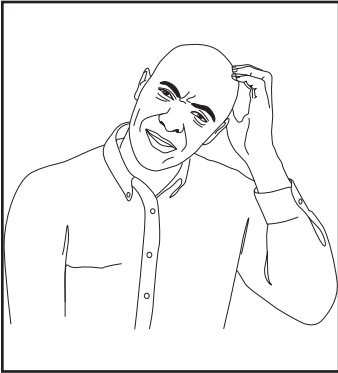
Hungry



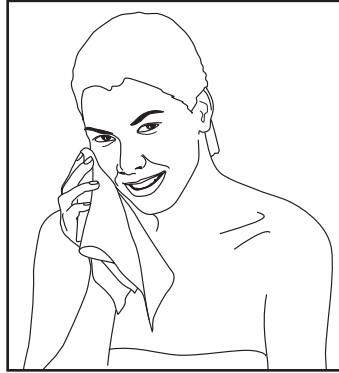
Thirsty



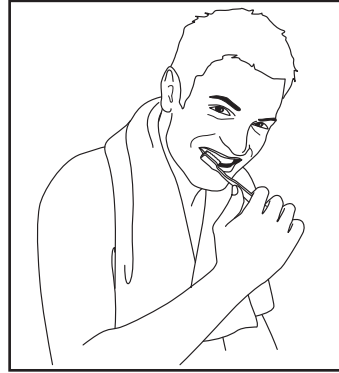
Itchy



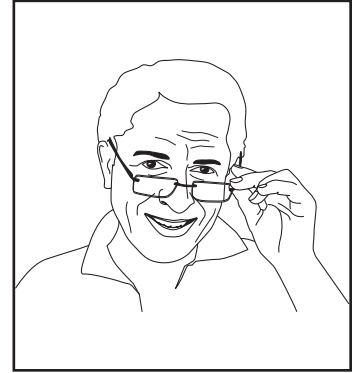
Bath/wash



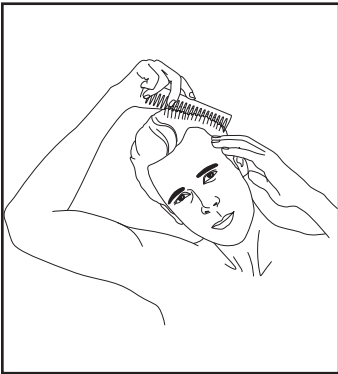
Teeth



Glasses



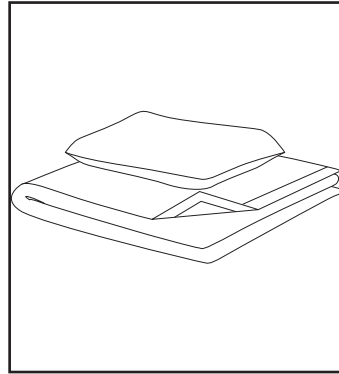
Hair



Shave



Blanket/pillow



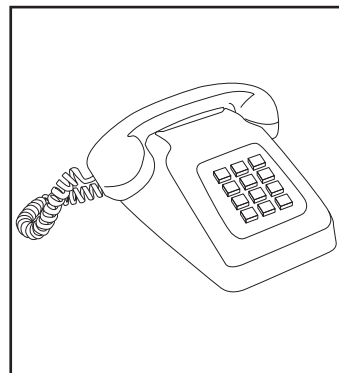
Sleepy/tired



Lights



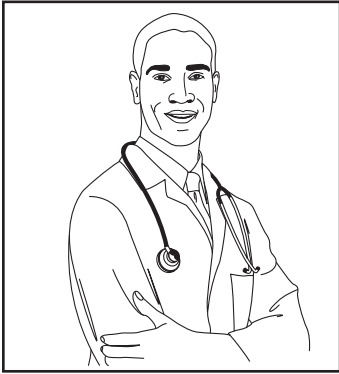
Telephone



Paper/pencil



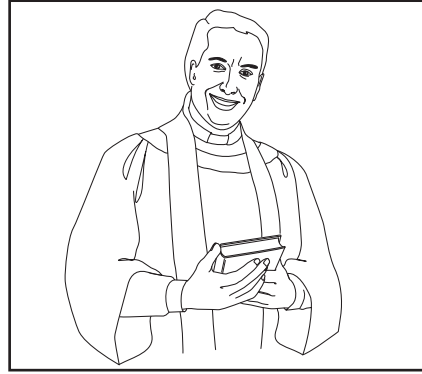
Doctor



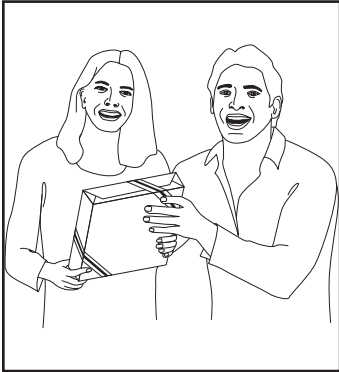
Nurse



Priest/Minister/Rabbi



Visitors



Family: Wife, Husband, Son, Daughter



January

February

March

April

May

June

July

August

September

October

November

December

Monday

Tuesday

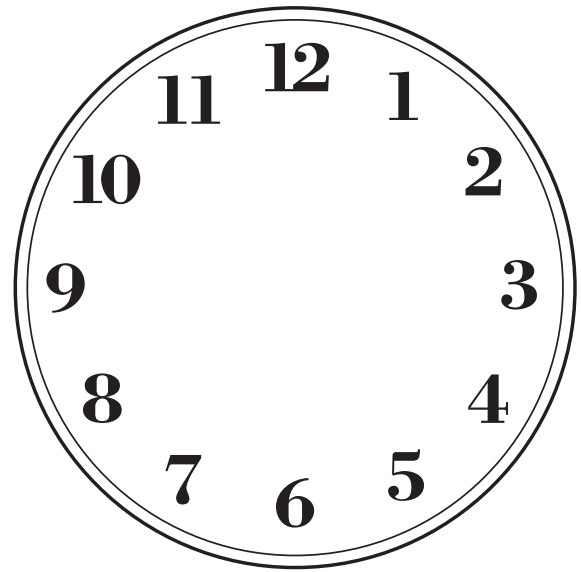
Wednesday

Thursday

Friday

Saturday

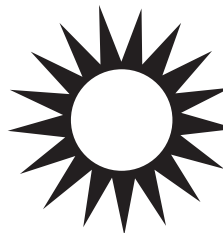
Sunday



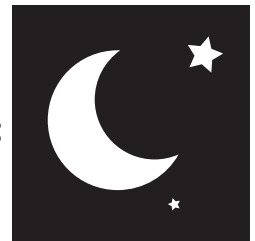
YES

NO

Day



Night



Morning • Afternoon • Evening



How am I?

Better? Worse?

What is this medicine for?

Where is my family?

Can I have visitors?

Where is my doctor?

Do I need a therapist?