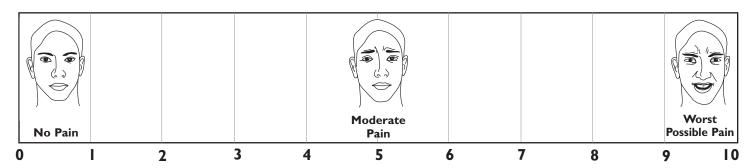
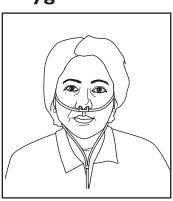
Communication Tool

Pain

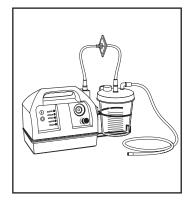


Hard to breathe Oxygen

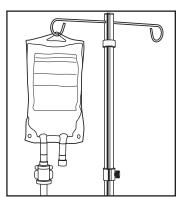




Suction



IV line



Chest pain



Nausea



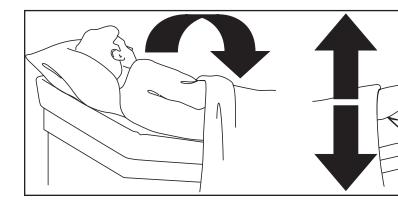
Headache



Blurred vision



Move me

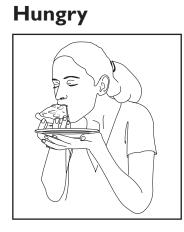


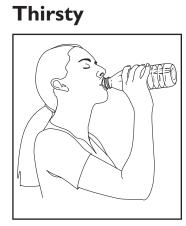
Bladder/bowels

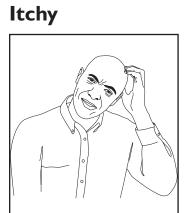


Hot

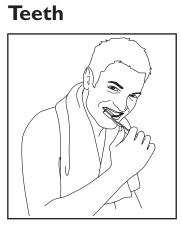




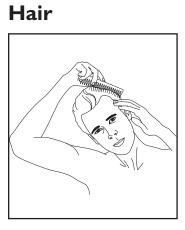




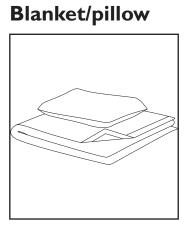








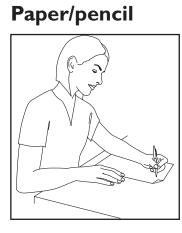




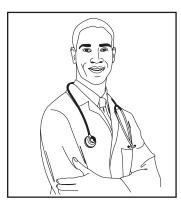


Lights





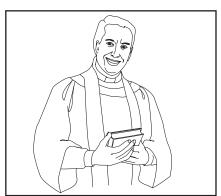
Doctor



Nurse



Priest/Minister/Rabbi



Visitors

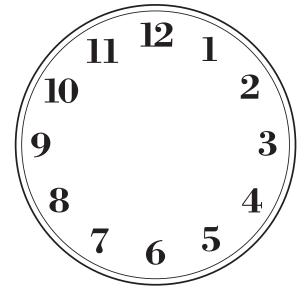


Family: Wife, Husband, Son, Daughter



January
February
March
April
May
June
July
August
September
October
November
December

Monday Tuesday Wednesday Thursday Friday Saturday Sunday



YES

NO



Morning • Afternoon • Evening