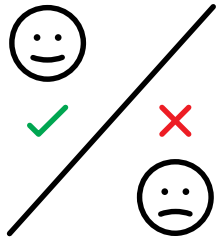


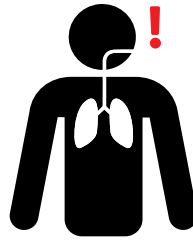
Communication Cards



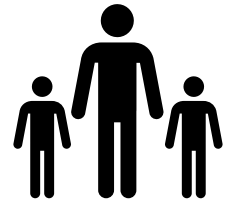
Yes / Good
No / Bad



I have pain
(please point where)



Hard to breathe



Family /
Please call my family



Nausea /
I feel sick



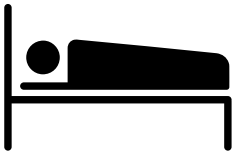
Toilet



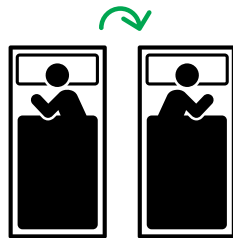
Urine bottle



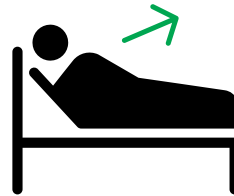
Bed pan



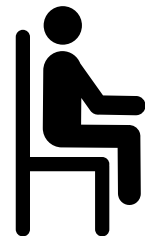
Bed /
I want to lie down



Turnover /
Change Position



Sit up in bed



Sit in chair



I want to walk /
Please walk



I do not want to walk /
Please do not walk

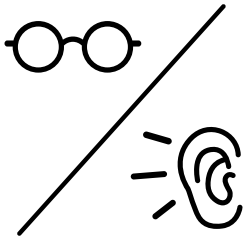


Walking aid

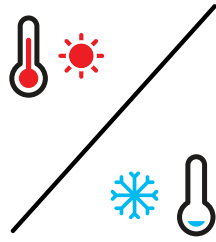


Wheelchair

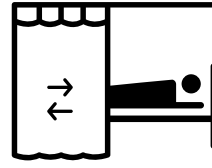
Communication Cards



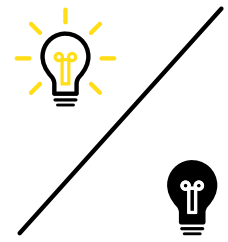
Glasses /
Hearing aids



I feel hot /
I feel cold



Open curtains /
Close curtains



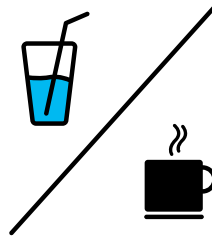
Lights on /
Lights off



I'm hungry /
Please try to eat



I'm not hungry /
Please do not eat



I'm thirsty /
Please try to drink



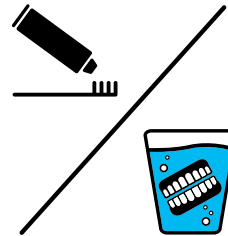
I'm not thirsty /
Please do not drink



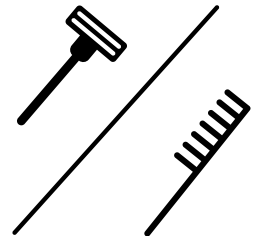
Shower



Wash Hands



Brush Teeth /
Dentures



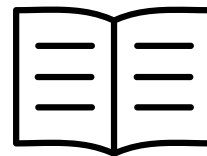
Shave /
Comb



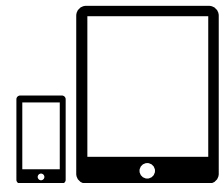
Change Clothes



Bag



Book



Mobile Phone /
Tablet