



North West Ambulance Service

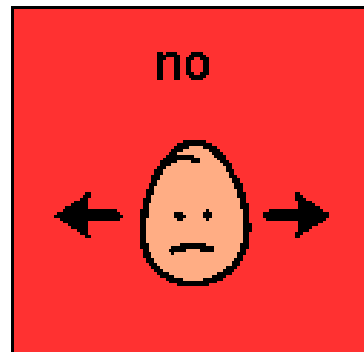
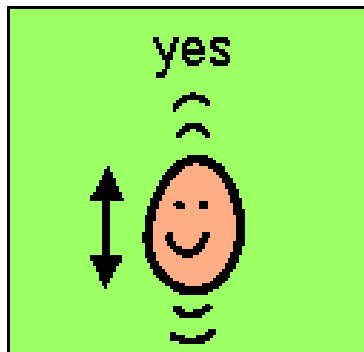


NHS Trust

Pictorial Communication Book - Accident & Emergency

Produced in partnership with

Salford City Council





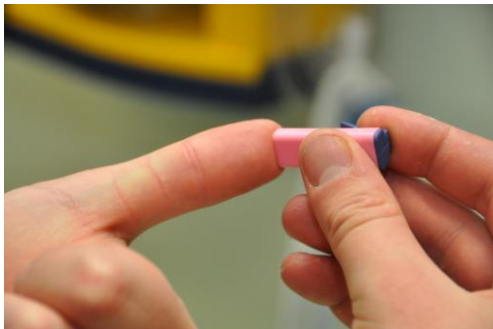
Hello, we are from the **Ambulance** service.



Can I take your **pulse**?



Can I take your **blood pressure**?



Can I take your **blood sugars**?



Can I put **this on** your **finger**?



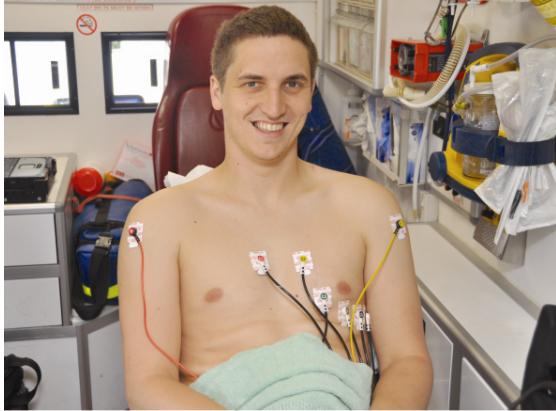
Can I give **you** some **oxygen**?



Can I give **you** an **injection**?



You need to **eat** carbohydrates.



Can we **monitor** your **heart**?

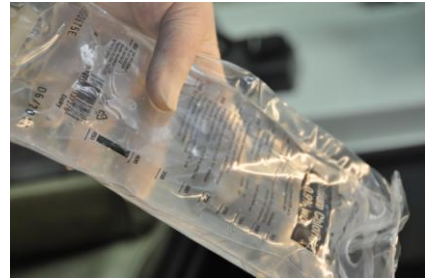
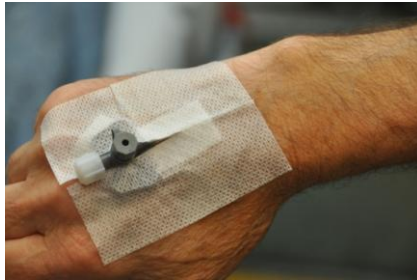


Can I put a **collar** on **you**?

I need to use a **spinal board** and **head blocks**.



Can I **use a splint?**



Can I put a **cannula** (tube) in your **arm**?

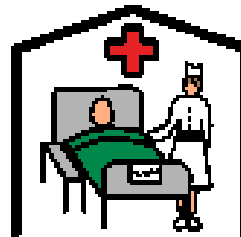
I may need to give **fluid/medication**.



Can I **shine** a **light** in your **eyes**?



Can I **listen** to your **chest**?



Can we **take you** to the **hospital**?



Are **you** able to **walk**?



We are going to use a **wheelchair**
to the **Ambulance**.



We are going to use a **carry chair**. The chair **tilts backwards**.
Keep your **arms in**.



?

Do you have your **medication and bag**?



Do **you** have your **keys**?



We will phone your Doctor to see you.



| | | |
|--|--|--|
| and why they need to make it? | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| 6. Do they understand the consequences of making, or not making, the decision, or of deciding one way or another? | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| 7. Are they able to understand and weigh up the relevant importance of the information relevant to the decision? | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| 8. Can they use and retain the information as part of the decision-making process? | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| 9. Can they communicate their decision? | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| Does the patient have capacity? Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| Patient/Guardian Agreement (with capacity) Please tick ONE of the following: | | 13 |
| <input type="checkbox"/> 1. All the information and treatment options relating to my condition/injuries has been explained. I fully understand the risks of refusing treatment or transport as advised by the ambulance clinician and I accept all responsibility for my own care. | | Clinical # Print Nam Staff Num Forms C Vulnerat ROLE fo Incident |
| X Patients/Guardian sign & print ----- | | |
| <input type="checkbox"/> 2. I have been advised by the ambulance clinician that I do not need to attend the accident & emergency department and I have agreed for the clinician to refer my care to an alternative healthcare professional/service. | | |
| Patients/Guardian sign & print ----- | | |
| Referred to: ----- | Time <input type="text"/> : <input type="text"/> | |
| Name of Contact: ----- | Attendance required by <input type="text"/> : <input type="text"/> | |

Please **read** this **form** and **sign** if you **agree**.



999


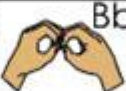
























If you need an **Ambulance** again **Phone 999**.

This book is designed as an aid to supporting communication.
Please use both the spoken word and pictures/symbols together.

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Right Handed

Two Handed Fingerspelling Alphabet

| | | | | | |
|--|--|---|--|--|--|
|  Aa |  Bb |  Cc |  Dd |  Ee |  Ff |
|  Gg |  Hh |  Ii |  Jj |  Kk |  Ll |
|  Mm |  Nn |  Oo |  Pp |  Qq |  Rr |
|  Ss |  Tt |  Uu |  Vv |  Ww |  Xx |
|  Yy |  Zz | | | | |