



North West Ambulance Service

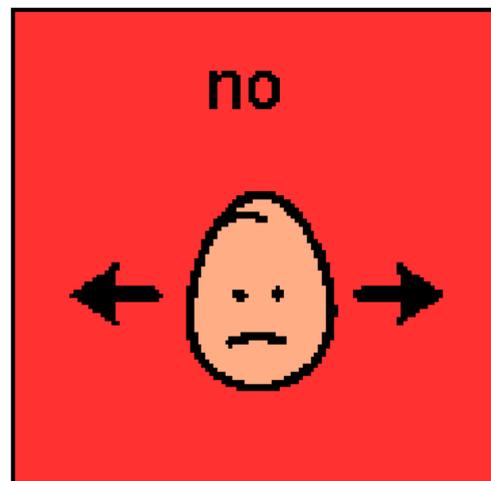
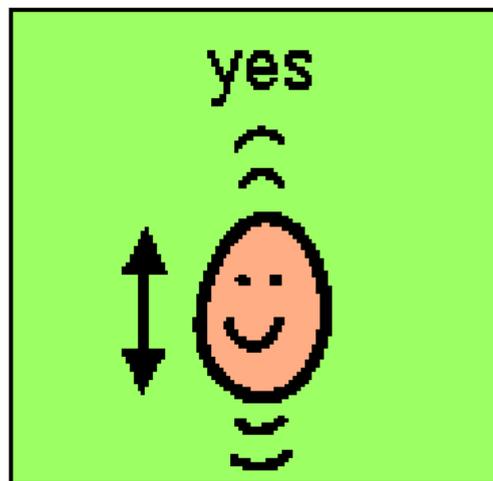


NHS Trust

# Pictorial Communication Book - Accident & Emergency

Produced in partnership with

**Salford City Council**





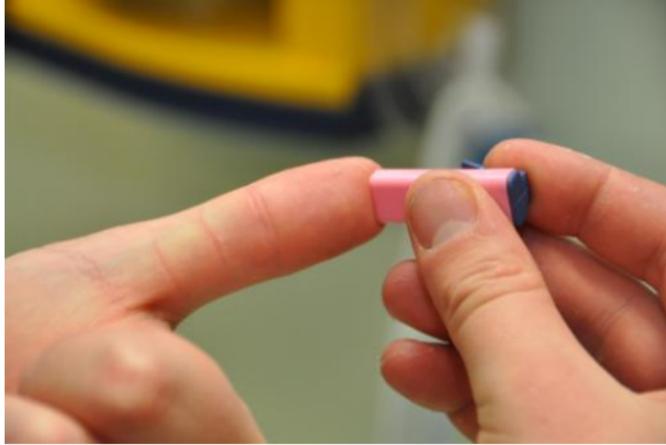
**Hello, we are from the Ambulance service.**



Can I take your **pulse**?



Can I take your **blood pressure**?



Can I take your **blood sugars**?



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



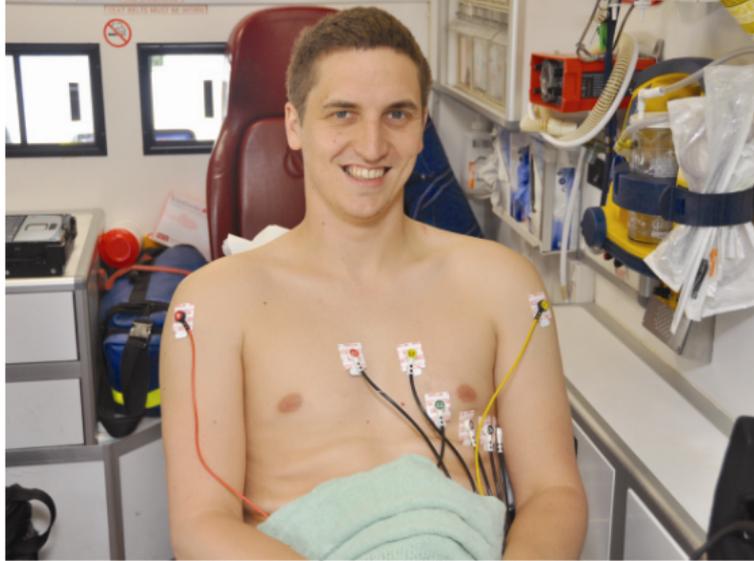
Can I give **you** some **oxygen**?



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



**You need to eat** carbohydrates.



**Can we monitor your heart?**

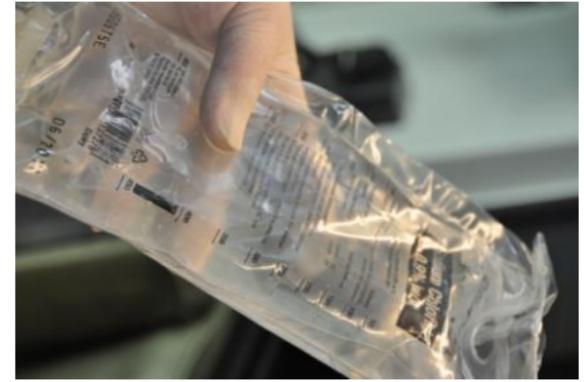
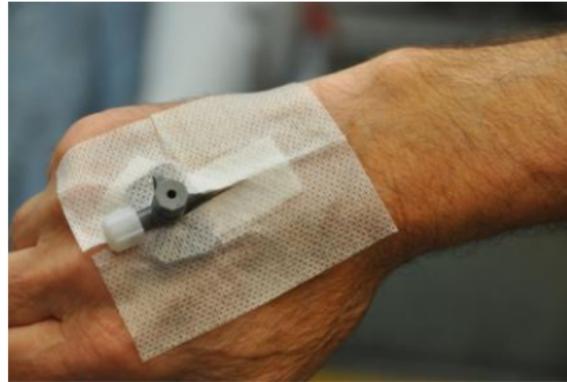


Can I put a **collar** on you?

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"/>	Summary
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"/>	
<b>Does the patient have capacity? Y <input type="checkbox"/> N <input type="checkbox"/></b>		
<b>Patient/Guardian Agreement (with capacity) Please tick ONE of the following:</b>		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.		<b>Clinical #</b> Print Nam Staff Num
<input checked="" type="checkbox"/> Patients/Guardian <i>sign &amp; print</i> -----		
<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.		<b>Forms C</b> Vulnerat ROLE fo Incident
Patients/Guardian <i>sign &amp; print</i> -----		
Referred to: -----	Time <input type="checkbox"/> : <input type="checkbox"/>	
Name of Contact: -----	Attendance required by <input type="checkbox"/> : <input type="checkbox"/>	

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



999

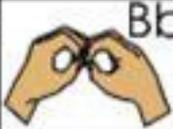
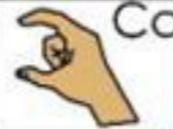
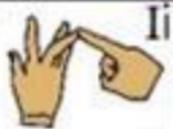
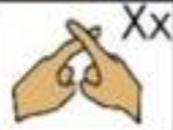
If you need an **Ambulance** again **Phone 999**.

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				