

INSTRUCTIONS

USE ONLY DRY ERASE PENS ON THIS BOARD

CARE-RECEIVER

This communication board is to be used to assist you in expressing your needs in times of disasters or other emergency situations. If you are the victim of such circumstances and are having problems expressing your needs, simply point to the picture or phrase that represents your situation or identifies an item you need.

PERSONA QUE RECIBA SERVICIO MÉDICO

Este boletín de información se ha diseñado para asistirle en expresar sus necesidades en momentos de desastres u otras emergencias. Si es víctima de tales circunstancias y tiene problemas o dificultad expresando sus necesidades, simplemente señale la imagen o frase que representa su situación o identifica el artículo que necesita.

CARE-GIVER

This communication board has been designed to bridge communication gaps in times of disaster or other emergency situations. The gaps may result from language barriers, disability, age, or the trauma and confusion associated with the event. As a result critical information could be difficult to exchange. By either acknowledging or pointing to the appropriate picture you can better assess health conditions, locate family or friends or provide additional comfort and reassurance to those in need.

THIS BOARD CAN BE USED AT:
Scene of the Emergency-Shelter-Precinct
Hospital-First Aid Station-Intake Office
All Health Care Facilities

Primary Language Need

ALBANIAN - SHQIP	JAPANESE - 日本語
ARABIC - عربي	KOREAN - 한국어
BOSNIAN - BOSANSKI	POLISH - POLSKI
CHINESE - 中文	PORTUGUESE - PORTUGUÊS
CROATIAN - HRVATSKI	RUSSIAN - РУССКИЙ
GREEK - ΕΛΛΗΝΙΚΑ	SERBIAN - СРПСКИ
GUJARATI - ગુજરાતી	SPANISH - ESPAÑOL
HINDI - हिन्दी	URDU - ودرا
ITALIAN - ITALIANO	VIETNAMESE - TIẾNG VIỆT
HAITIAN/CREOLE KREYOL AYISYEN	YIDDISH - ייִדיש
	AMERICAN SIGN LANGUAGE

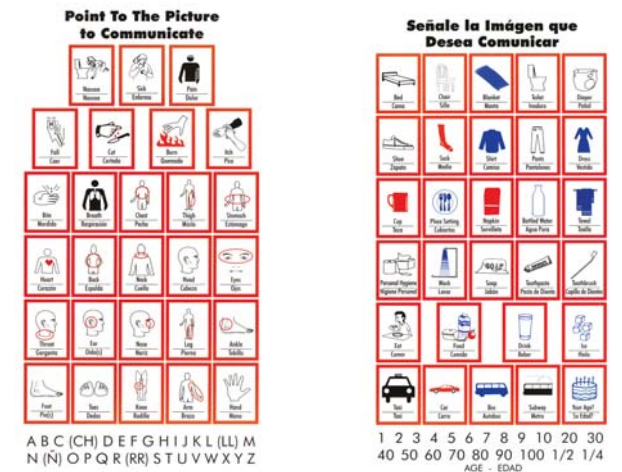


USE ONLY DRY ERASE PENS ON THIS BOARD

This Picture Board was originally developed by the Metropolitan Chicago Hospital Council through funding provided by the Health Resources and Services Administration.

Communication Picture Board

TABLERO DE ASISTENCIA PARA LA COMUNICACIÓN



For use by Emergency Service Personnel and Frontline Intake Staff to Better Enable Effective Communication with the Public

This document was prepared through a collaboration of the New Jersey Department of Health and Senior Services/ Office of Minority and Multicultural Health and the New Jersey Hospital Association



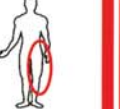



Jon S. Corzine
Governor




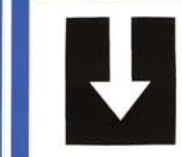
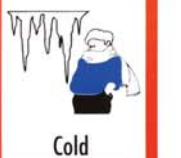


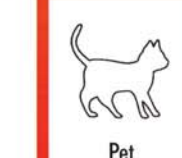


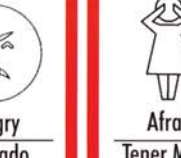
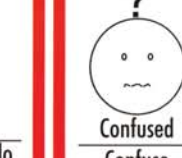

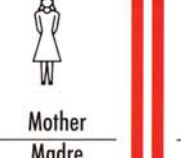
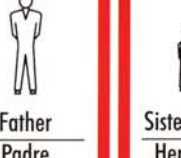



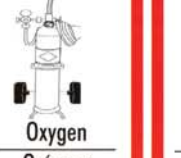
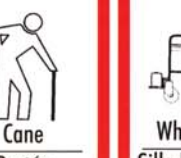
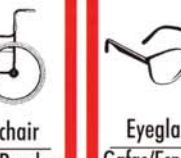
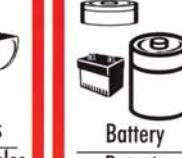



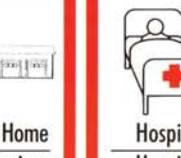









Fred M. Jacobs, M.D., J.D.
Commissioner

Point To The Picture to Communicate

 Nausea Nausea	 Sick Enfermo	 Pain Dolor		
 Fall Caer	 Cut Cortada	 Burn Quemada	 Itch Pica	
 Bite Mordida	 Breath Respiración	 Chest Pecho	 Thigh Músclo	 Stomach Estómago
 Heart Corazón	 Back Espalda	 Neck Cuello	 Head Cabeza	 Eyes Ojos
 Throat Garganta	 Ear Oído(s)	 Nose Nariz	 Leg Pierna	 Ankle Tobillo
 Foot Pie(s)	 Toes Dedos	 Knee Rodilla	 Arm Brazo	 Hand Mano

A B C (CH) D E F G H I J K L (LL) M
N (Ñ) O P Q R (RR) S T U V W X Y Z

 Yes Sí	 No No	 Up Arriba	 Down Abajo	
 Cold Frio	 Hot Caliente	 Wet Mojado	 Pet Animal Doméstico	
 Happy Contento	 Sad Triste	 Angry Enojado	 Afraid Tener Miedo	 Confused Confuso
 Mother Madre	 Father Padre	 Sister/Brother Hermana/o	 Child/Baby Niño/Bebe	 Care Giver Asistente
 Oxygen Oxígeno	 Cane Bastón	 Wheelchair Silla De Ruedas	 Eyeglasses Gafas/Espejuelos	 Battery Batería
 Apartment Apartamento	 Home Casa	 Nursing Home Asilo de Ancianos	 Hospital Hospital	 Medicine Medicina
 Phone Number Número de Teléfono	 Documents Documentación	 Key(s) Llave(s)	 \$ - ATM Card \$-Tarjeta Bancaria	 Health Card Tarjeta de Salud

Señale la Imágen que Desea Comunicar

 Bed Cama	 Chair Silla	 Blanket Manta	 Toilet Inodoro	 Diaper Pañal
 Shoe Zapato	 Sock Media	 Shirt Camisa	 Pants Pantalones	 Dress Vestido
 Cup Taza	 Place Setting Cubiertos	 Napkin Servilleta	 Bottled Water Agua Pura	 Towel Toalla
 Personal Hygiene Higiene Personal	 Wash Lavar	 Soap Jabón	 Toothpaste Pasta de Diente	 Toothbrush Cepillo de Dientes
 Eat Comer	 Food Comida	 Drink Beber	 Ice Hielo	
 Taxi Taxi	 Car Carro	 Bus Autobus	 Subway Metro	 Your Age? Su Edad?

1 2 3 4 5 6 7 8 9 10 20 30
40 50 60 70 80 90 100 1/2 1/4
AGE - EDAD