



COMMUNICATION CARDS

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INTRODUCTION:

The GBS|CIDP Foundation International hopes that the experiences of patients who have overcome problems will be utilized to assist future patients. Such was the situation that brought about these communication cards. Kopel Burk, M.D., a New Jersey cardiologist-internist, required a respirator when he himself had GBS. He and his daughter, Tina, devised a set of communication cards that formed the basis for this set. With Dr. Burk's kind permission, Dr. Joel Steinberg has made some additions and changes. In addition to helping respirator-dependent GBS patients, it is hoped that these cards will assist other patients who are impaired and cannot speak, or have comparable communication difficulties. This card set is not meant to be inclusive, but hopefully begins to serve the needs of the patients.

HOW TO USE:

The cards are grouped into problems typically addressed by medical staff, however it is suggested that the user show the patient the index on the next page so that they can see a list of the cards and choose those of interest. The arms of the patient may be weak, so the person showing the cards may need to point, sequentially, through the index and then to the information on the cards, until the patient finds the line or phrase of interest. The patient can respond with a blink, head nod, shoulder shrug, etc., one for yes, two for no.

Other patients, such as those who are postoperative, or who has respiratory arrest, may be able to handle the cards with their own hands. The patient may have a decreased field of vision. Thus, try to keep the card in front of where the patient appears to be looking. Eighteen inches to two feet from the eyes may provide a comfortable working distance. There should be good lighting on the cards. The user should point to words and phrases but be careful not to cover them with the hand or finger. If the patient usually wears glasses to read, put them on them. It is hoped that the patients for whom the cards are used will very soon be able to use them to help someone else.

Joel Steinberg, M.D.

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NURSE CARDS

RESPIRATOR

IRRIGATE AND SUCTION ME
PLEASE

SUCTION ME PLEASE

DRAIN THE WATER FROM
MY TUBING

PHLEGM DOES NOT COME
UP

I FEEL SHORT OF BREATH

I AM BREATHING TOO
FAST/SLOW

MY THROAT FEELS SORE

TRACHEOSTOMY AREA IS
SORE

FOOD

- 1) IS: GOOD COLD GREASY HOT NO TASTE
- 2) CAN FAMILY BRING ME FOOD?
- 3) I WANT: ICE CREAM CEREAL JELLO MILK SODA
JUICE WATER OTHER
- 4) MAKES ME SICK – SHOW ME STOMACH CARD (PG 4)
- 5) I AM ALLERGIC OR INTOLERANT TO: DAIRY
SHELLFISH SPICES SALT CHOCOLATE CAFFEINE
GLUTEN I PREFER NO PORK PRODUCTS
I AM KOSHER I AM VEGAN OTHER

STOMACH

I AM:

HUNGRY

NAUSEOUS

FULL

THIRSTY

I HAVE:

INDIGESTION

HEARTBURN

MY BELLY HURTS

BOWELS

1) I NEED THE BEDPAN

2) I AM: CONSTIPATED IMPACTED OTHER

3) MAY I HAVE: STOOL SOFTENER LAXATIVE ENEMA
SUPPOSITORY SOMETHING FOR PILES/HEMORRHOIDS

4) I HAVE: CRAMPS GAS DIARRHEA HEMORRHOIDS

I WANT TO SEE MY: (MEDICAL PROFESSIONAL)

FAMILY DOCTOR

INTERNIST

NEUROLOGIST

LUNG DOCTOR (PULMONOLOGIST)

PHYSICAL MEDICINE-REHAB DOCTOR (PHYSIATRIST)

HEART DOCTOR (CARDIOLOGIST)

PSYCHOLOGIST OR PSYCHIATRIST

NURSE

PHYSICAL THERAPIST

OCCUPATIONAL THERAPIST

SPEECH THERAPIST

I WANT TO SEE MY: (PERSONAL)

WIFE HUSBAND SON/SONS DAUGHTER/DAUGHTERS

MOTHER/FATHER GRANDPARENTS

GRANDCHILD/GRANDCHILDREN BROTHER/SISTER

PARTNER

I WANT TO SEE MY:

MINISTER PRIEST RABBI TEACHER ATTORNEY

ACCOUNTANT FRIEND DOCTOR

THINGS I NEED

TOOTHPASTE

MOUTH WASH

GARGLE

COMB

WASH CLOTH

SHAMPOO

FACE CREAM

LOTION

POWDER

RAZOR

SHAVE

RADIO / TAPE / WALKMAN / CD PLAYER / COMPUTER

TURN RADIO TV TAPEPLAYER ON / OFF

CHANGE STATION VOLUME UP / DOWN

PLEASE BRING NEW TAPES CD'S

PLEASE REFIT MY HEADPHONES

NEED BATTERIES

BILLS

TELEPHONE RENT MORTGAGE CAR PAYMENTS

GAS ELECTRIC HOT WATER CREDIT CARDS

FREEZER REFRIGERATOR PACKAGES GROCERIES

HEATING SYSTEM CLEANERS LAUNDRY CAR

APPOINTMENTS DATES MEETINGS SCHOOL

TIME

I NEED A CLOCK

I NEED A CALENDAR

WHEN ARE THE NEXT VISITING HOURS

WHEN IS MY NEXT PILL FOR PAIN

FOOD

- 1.) IS: GOOD COLD GREASY HOT NO TASTE
- 2.) CAN FAMILY BRING ME FOOD
- 3.) I WANT ICE CREAM CEREAL JELLO MILK
SODA JUICE
- 4.) MAKES ME SICK – SHOW ME STOMACH CARD (p.4)
- 5.) I AM ALLERGIC OR INTOLERANT TO SOME FOODS:
DAIRY PRODUCTS SHELLFISH SPICES
CHOCOLATE CAFFEINE OTHER
PREFER NO PORK PRODUCTS

NEWS

COUNTRY

LOCAL

WORLD

STATE

FAMILY

BUSINESS

SCHOOL

GET PENCIL AND PAPER ON A CLIPBOARD SO I CAN WRITE

GET ALPHABET BOARD SO I CAN SPELL

I WANT TO SEE MY: (PERSONAL)

WIFE HUSBAND SON/SONS

DAUGHTER / DAUGHTERS MOTHER / FATHER

GRANDPARENTS GRANDCHILD / GRANDCHILDREN

BROTHER / SISTER

I WANT TO SEE MY:

MINSTER PRIEST RABBI TEACHER

ATTORNEY ACCOUNTANT FRIEND DOCTOR

NURSE – I HAVE A PROBLEM WITH (I)

EYES EARS NOSE MOUTH

TONGUE THROAT NECK SHOULDERS

ARMS WRISTS ELBOWS HANDS

FINGERS WINDPIPE CHEST (p.4) LUNGS

HEART STOMACH (p.4) BOWELS

HEMORRHOIDS PENIS/TESTICLES VAGINAL AREA

BACK HIPS THIGHS KNEES

CALVES ANKLES FEET TOES

NURSE – I HAVE A PROBLEM WITH (I)

CHEST PAIN BREATHING LEG CRAMPS

HEADACHES INSOMNIA RESTLESS GASY

INDIGESTION (p.4) CONSTIPATION (p.5)

DIARRHEAR (p.5) PAIN (p.13)

BLADDER DISCOMFORT-CATHETER INJECTIONS HURT

DO THEY HAVE TO TAKE BLOOD SO OFTEN?

SLEEP

CAN'T GO TO SLEEP

WAKE UP TOO EARLY

SLEEPING MEDICINE NOT WORKING

BAD DREAMS

CAN'T WAKE UP

PHYSICAL THERAPY

I COULD USE

HOT PACKS TENS UNIT

SPLINTS: WRISTS ANKLES

ON OFF UNCOMFORTABLE

EXERCISE / MASSAGE FOR MY

LEFT RIGHT BOTH

SHOULDERS ARMS HANDS NECK

HIPS KNEES LEGS ANKLES FEET

PERSONAL COMFORT & CARE

PLEASE

WASH MY FACE

CLEAN MY EARS

BRUSH MY TEETH

CLEAN MY NOSE

COMB MY HAIR

PUT CREAM ON MY LIPS

WASH MY HAIR

PUT DROPS IN MY EYES

STRAIGHTEN MY SHEETS

PROP MY HEAD HIGHER

STRAIGHTEN MY COVERS

COVER MY FEET

TURN ME

I NEED THE BEDPAN, THE URNIAL, A DRINK

URINARY CATHETER IS UNCOMFORTABLE BURNS

INTRAVENOUS CATHETER HURTS ME

I AM CONSTIPATED – SHOW ME BOWL CARD (p.5)

PAIN

LOCATED: LEFT RIGHT BOTH
HEAD EYES EARS NOSE THROAT
NECK SHOULDERS ARMS HANDS
BACK HIPS THIGHS KNEES
LEGS CALVES ANKLES FEET

CHEST: FEELS LIKE

HURTS SHARP DULL PRESSURE
HEAVINESS SHORT OF BREATH

BLADDER CATHETER

BURNS FEELS LIKE I NEED TO URINATE

BELLY

COULD USE

SOMETHING FOR PAIN INJECTIONS OTHER
PAIN PILL / CAPSULE ASPIRIN TYLENOL
NITROGLYCERINE ANTACID (MAALOX, ETC.)
HEATING PAD TENS UNIT

LIGHTS

TURN LIGHTS ON

TURN LIGHTS OFF

DIM MY LIGHTS

CURTAIN

PLEASE OPEN CURTAIN

PLEASE CLOSE CURTAIN

TEMPERATURE:

I AM

HOT: REMOVE BLANKETS

SHEETS

WASH MY FACE

COLD:

AND WANT

SHEET

BLANKET

TIME

I NEED A CLOCK

I NEED A CALENDAR

WHEN ARE THE NEXT VISITING HOURS?

WHEN IS MY NEXT SHOT FOR PAIN?

WHEN IS MY NEXT PILL FOR PAIN?

THINGS I NEED

TOOTHPASTE MOUTH WASH GARGLE

COMB WASH CLOTH SHAMPOO

FACE CREAM LOTION POWDER

RAZOR SHAVE

RADIO / TAPE / WALKMAN / CD PLAYER / COMPUTER

TURN RADIO TV TAPE PLAYER ON / OFF

CHANGE STATION VOLUME UP / DOWN

PLEASE BRING NEW TAPES CD'S

PLEASE REFIT MY HEADPHONES

NEED BATTERIES

EMOTIONS

I AM

SCARED

FRUSTRATED

WORRIED

ANGRY

DEPRESSED

FED UP

ABOUT

BEING ON A RESPIRATOR

BEING ALONE

NOT ABLE TO REACH NURSE CALL BELL

BEING DEPENDENT

DYING

GETTING OFF THE RESPIRATOR

GETTING PLASMAPHERESIS

MY FAMILY

DOCTOR CARDS

DOCTOR – I HAVE A PROBLEM WITH (I)

EYES EARS NOSE MOUTH

TONGUE THROAT NECK SHOULDERS

ARMS WRISTS ELBOWS HANDS

FINGERS WINDPIPE AIRWAY (p.2) CHEST (p.13)

LUNGS (p.2) HEART STOMACH (p.4) BOWELS (p.5)

HEMORRHOIDS PENIS / TESTICLES VAGINAL AREA

BACK HIP THIGHS KNEES

CALVES ANKLES FEET TOES

DOCTOR – I HAVE A PROBLEM WITH (II)

CHEST PAIN BREATHING LEG CRAMPS

HEADACHES INSOMINIA (p.10) RESTLESS

INDIGESTION (p.4) CONSTIPATION (p.5)

DIARRHEA (p.5) PAIN (p.13)

BLADDER DISCOMFORT-CATHETER INJECTIONS HURT

DO THEY HAVE TO TAKE BLOOD OF OFTEN?

DOCTORS

HOW IS MY:

X-RAY BLOOD TEST URINE TEMPERATURE

TELL ME ABOUT MY ILLNESS

TELL ME ABOUT MY RESPIRATOR

HOW AM I PROGRESSING?

CAN MY FAMILY VISIT FOR A LONGER TIME?

SLEEP

CAN'T GO TO SLEEP

WAKE UP TOO EARLY

SLEEPING MEDICINE NOT WORKING

BAD DREAMS

CAN'T WAKE UP HUNGOVER

SCARED TO SLEEP

FAMILY CARDS