

Use these cards to talk to us

**S.O.S Communication Kits help you
with Speech or Sound in Hospital.**

Research conducted by the **Speech or Sound Team** helps patients like you communicate better in hospital. May we contact you for research when you are well?

- Yes, an SOS researcher may contact me after (date) _____
Phone () _____ or Email _____
Name: _____ Sign: _____ No, I'd rather not



**I am too
cold**

I am in pain

1 2 3 4 5 6 7 8 9 10



I am thirsty

**I need the
toilet**

I feel sick

**How did my
operation
go?**

I feel dizzy

I am itchy

**Please call
my family**

**I want to lie
down**

**I am
too hot**

I am thirsty

**I want to sit
up**

**I want to
write**

**Please get
my hearing
aid**

SOS Communication Kit: Staff PointSheet

YOUR OPERATION IS OVER

- Are you too hot or too cold?
- Are you in pain?
- Are you thirsty?
- Do you need to go to the toilet?
- Do you feel sick?
- **Do you want your hearing aid?**

YOU ARE IN RECOVERY

- Do you feel dizzy?
- Would you like to lie down?
- Would you like to sit up?
- Are you comfortable?
- Shall I call your family?
- **Do you want pen and paper?**

SOS COMMUNICATION KIT
Aiding Patient Speech or Sound.

FOR HEARING IMPAIRED
&
SPEECH IMPAIRED PATIENTS

Contains: Patient Communication Cards and Recovery Nursing Assistance
Cards

Please log on to www.soscommunicationkit.com to improve your patients'
communication in hospital.