

Protocol Illustration of Communication Booklet for Acquired Neurogenic Communication Disorders

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ABSTRACT

Communication is a vital component of daily life and is essential to convey one's needs, feelings and emotions. The communication booklet is a simple, handy and cost effective aid to enhance interaction between the affected individual and their caregivers. It is useful to convey one's wishes to others on meeting them, aware of the timing, used during meal time or snacks time, preferably in the morning, at bedtime, or at any time during the day, as needed, identify their choices and preferences in the diet. The Guidelines also explains how to use the Communication booklet for Acquired Neurogenic Communication Disorders patient.

KEYWORDS: Communication, Acquired Neurogenic Communication Disorders, convey, booklet

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INTRODUCTION

Communication is a vital component of daily life and is essential to convey one's needs, feelings and emotions. This natural process can sometimes be disrupted due to neurogenic disorders, leading to frustration and dissatisfaction.

The communication booklet is a simple, handy and cost effective aid to enhance interaction between the affected individual and their caregivers. This booklet prepared by the investigator contains pictorial representation of the following:

- A. Greetings
- B. Orientation
- C. Diet
- D. Personal hygiene
- E. Positions
- F. Personal needs
- G. Physical discomfort
- H. Pain
- I. Emotions
- J. Recreation
- K. Mode of Travel
- L. Remembrance card

DESCRIPTION OF CONTENTS:

A. Greetings:

- It is useful to convey one's wishes to others on meeting them.
- As per the situation or timing you can point to the picture in the communication booklet and say it out loudly. E.g. Good Morning, Hello, How are you etc.,
- If the client wants to respond to your greetings show and tell him to select the appropriate response by touching it.

B. Orientation:

- It can be used at any time of the day to make the client aware of the timing.
- You can show clock and tell the time
- You can also point to the pictures of days/date.
- You can show pictures of the place where the client is at present.

C. Diet:

- The client's need for food and drink can be identified using these pictures of drinks, fruit juices, snacks and meals.
- It can be used during meal time or snacks time.

- By using this, you can identify their choices and preferences in the diet.

D. Personal hygiene:

- These pictures can be used preferably in the morning, at bedtime, or at any time during the day, as needed.
- The pictures represent hygiene needs such as bathing, brushing, toileting, shaving and shampooing.

E. Positions:

- The client's preference for a particular position or need to change position can be identified using these pictures, expressing the need to sit up, lie down, turn left/right, move head of bed up/down, get out of bed/ to sleep, etc.

F. Personal needs :

- This can be used when you want to identify if client requires any additional needs such as cell phone, spectacle, foot wear, pillow, walker, commode, sputum cup, radio, light, fan or whether he wishes to go home, to bed or to temple etc.

G. Physical discomfort:

- These pictures can be used if the client is experiencing any discomfort such as shortness of breath, pain, choking, feeling sick, tired or dizzy.

H. Pain:

- If the client shows or express pain, you can use the pictures to assess the intensity, location and type of pain.

I. Emotions:

- This can be used when you feel that the client's face or behavior shows usual changes.
- The type of emotion such as sadness, frustration, fear, confusion, need for the presence of family member, or to be left alone can be identified using these pictures.

J. Recreation:

- These pictures can be used when the client feels relaxed/ comfortable/ bored.
- Leisure needs such as newspapers, magazines, music or T.V, gardening, shopping etc. can be identified.

K. Mode of travel:

- If the client desires to go outdoors, the preferred mode of travel (e.g.) walk, bicycle, bike, car, bus etc. can be identified.

L. Remembrance card:

- This contains transparent plastic pouches into which photographs of close family members/ relatives/ friends can be inserted and shown to the client to enable them to stay oriented with their near and dear and also to indicate the person with whom they wish to speak / to see.

GUIDELINES FOR USE OF COMMUNICATION BOOKLET:





1. Face the client and maintain eye to eye contact during interaction.
2. Hold the communication booklet at a suitable distance for comfortable viewing by the client.
3. Use the index card to help the client to identify the relevant need/ context pertaining to the situation and then proceed to the appropriate pictures inside the booklet.
4. Use your index finger / a pointer to indicate the appropriate picture.
5. Give verbal explanation of each picture loudly, it will help in easy identification of need.
6. Show picture slowly and allow enough time for the client to perceive the picture and to respond to it.
7. If the required need is not in the display page, flip to the next page or go back to index card and repeat the same steps.

Communication Booklet Manual:

INDEX		
HELLO! GREETINGS 1-3	 PERSONAL NEEDS 12-16	 EMOTIONS 20-21
 ORIENTATION 4-5	 POSITIONS 17	 RECREATION - 22
 DIET 6-10	 PHYSICAL DISCOMFORT -18	 MODE OF TRAVEL - 23
 PERSONAL HYGIENE- 11	 PAIN -19	REMEMBRANCE CARD-24

R E C R E A T I O N	# I WANT			
				
	NEWS PAPERS	MAGAZINE	TO DO GARDENING	
				
	TO WATCH T.V	TO HEAR MUSIC	TO GO FOR SHOPPING	






M O D E O F T R A V E L	• I WANT TO TRAVEL BY			
				
				

G R E E T I N G S	<h1>HELLO!</h1>  <p><i>How Are You ?</i></p>  <p>WHERE DID U GO</p>	 <p>What are you doing?</p>  <p>BYE BYE</p>
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Ges:

of Trend in Scientific

G R E E T I N G S				ChivDi99 a 9
				
	EXCUSE ME			

E M O T I O N S	• I FEEL		
	SAD	FRUSTRATED	AFRAID
			
	CONFUSED	ANGRY	LONLEY
			

E M O T I O N S	• PLEASE			
				
	LEAVE ME ALONE	DON'T LEAVE ME	COME BACK LATER	

G			
R	GOOD MORNING	GOOD AFTERNOON	GOOD EVENING
E			
E	GOOD NIGHT	You're welcome	
T			
I		Take Care!	
N			
G			
S			

• WHAT



IS THE TIME/
DATE

January 2013							February 2013							March 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31																				

April 2013							May 2013							June 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29	30	31											




July 2013							August 2013							September 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29	30	31											

October 2013							November 2013							December 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29	30	31											




• I AM

PHYSICAL DISCOMFORT

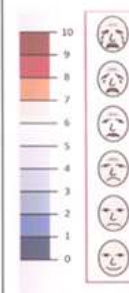
SHORTNESS OF BREATH **IN PAIN** **CHOKING**



FEELING SICK **TIRED** **DIZZY**

PAIN



pins and needles numb dull / throb Can you point to your pain? Do you have any other pain / injuries?

OK

• I WANT

ORIENTATION

Days of Week

Sunday Sun.
Monday Mon.
Tuesday Tues.
Wednesday Wed.
Thursday Thurs.
Friday Fri.
Saturday Sat.

HOME



HOSPITAL



I WANT

DIET

COFFEE



TEA



Juice



MILK



WATER



• I NEED

PERSONAL NEEDS







I WANT

POSITIONS

to sit up



to lie down



to turn left/ right



head of bed up/down



get out of bed









to sleep



• I WANT

(WHOLE) (JUICE)

DIET

• I NEED

D I E T







DON'T NEED

• I WANT TO

P E R S O N A L N E E D S



GO HOME



GO TO BED ROOM



GO TO TEMPLE




GO OUT

• I WANT

P E R S O N A L N E E D S



TO COMB



TO BE COMFORTED



pen/ paper

D I E T



I AM HUNGRY



BREAKFAST



LUNCH



SNACKS



DINNER




NON VEGETARIAN




VEGETARIAN

WITH OR # WITHOUT


D I E T



SUGAR



ICE



HEAT

• I WANT

P E R S O N A L N E E D S



MOBILE



SPECTACLES



SHOES



SLIPPERS



KEY



PILLOW



BLANKET



WHEEL CHAIR



WALKER

P E R S O N A L N E E D S



LIGHTS OFF/ON



CURTAIN CLOSE/OPEN



FAN OFF/ON



VCR/DVD/REMOTE OFF/ON



MOSQUITO REPELLENT OFF/ON



RADIO OFF/ON

• I WANT TO

P E R S O N A L N E E D S

WASH FACE



GO TO TOILET



Brush teeth



SHAVE



BATH



SHAMPOO BATH



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