

● I AM

- Short Of Breath
- Frustrated
- Nauseous
- Anxious
- Disappointed
- Tired
- Drowsy
- Better
- Thirsty
- Hot
- Unsure (Of What Is Happening)
- Gagging
- In Pain
- Light-Headed
- Afraid
- Lonely
- Angry
- Wet
- Worse
- Hungry
- Cold

● I WANT

- To Be Suctioned
- To Sit Up
- Water
- Bath
- Eyeglasses
- Socks
- Make A Call
- To Turn Right
- Lights Off
- It Quiet
- More Control
- To Lie Down
- Ice
- Shampoo
- Hairbrush
- Urinal
- Call Light,TV
- To Turn Left
- Lights Dim
- To Sleep
- To Be Comforted
- Prayer
- Exercise
- Lotion
- Massage
- Bedpan
- Pillow
- Lights On
- Blanket
- To Rest

McArthur Medical Sales Inc.

● I WANT TO SEE

- Doctor
- Nurse
- Respiratory Therapist
- Chaplain
- Social Worker
- Physical Therapist
- Assistant
- My Family

● I WANT TO CLEAN

- Mouth
- Nose
- Teeth
- Hands
- Face
- Hair

A	B	C	D	E	F	G	H	I	1	2	3
J	K	L	M	N	O	P	Q	R	4	5	6
S	T	U	V	W	X	Y	Z	.	7	8	9
									?	0	!

Thank You 😊

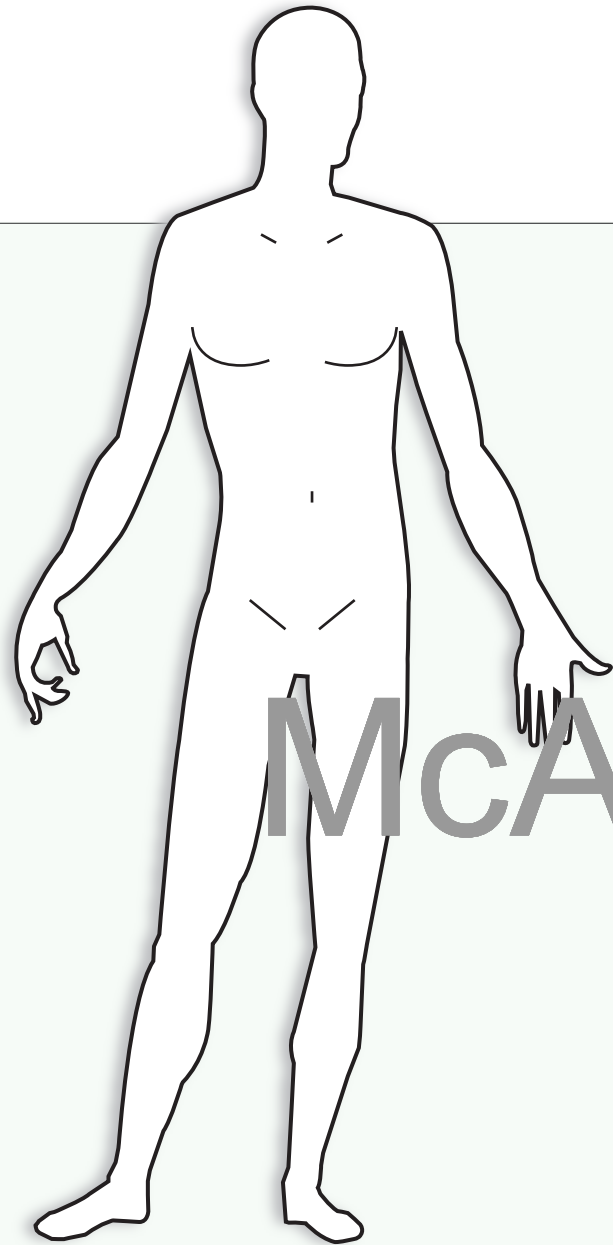
I Love You ❤️

SINGLE PATIENT USE. Please do not re-use between patients.

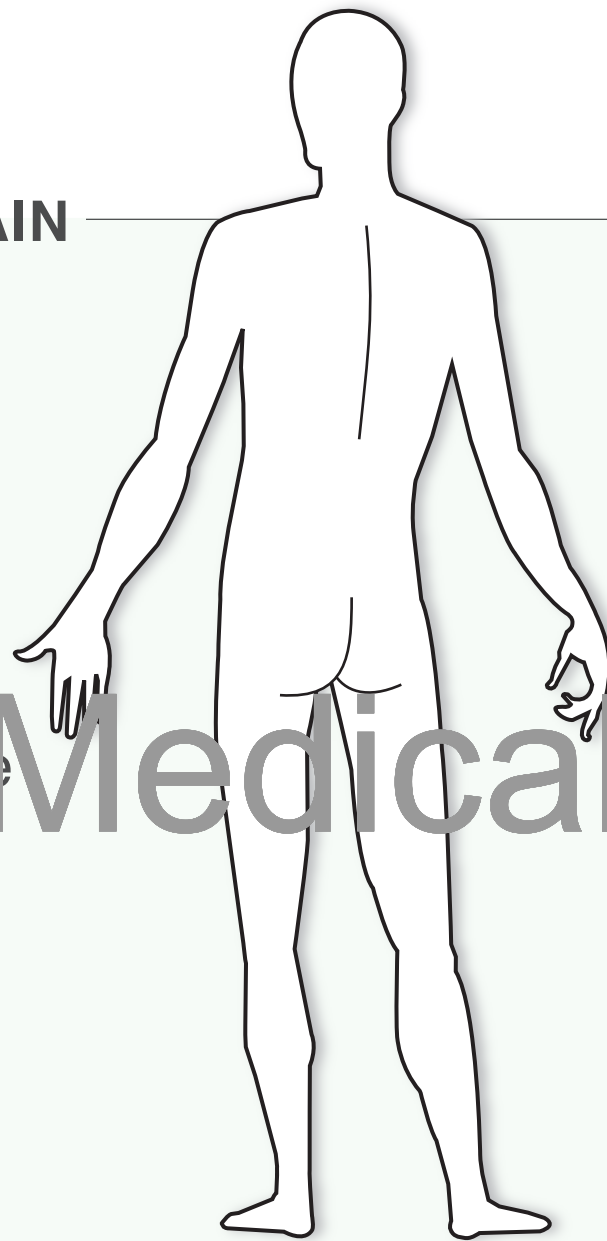
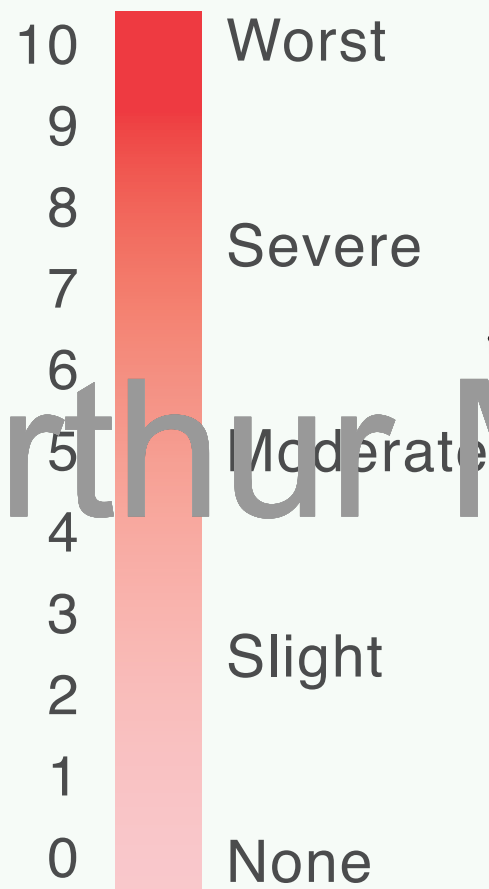
PAIN CHART

THIS BOARD BELONGS TO:

(Place Label Here)



● **LEVEL OF PAIN**



● **THIS PART**
(Of My Body)

- Itches
- Stings
- Hurts
- Cramps
- Can't Move
- Is Numb
- Aches
- Burns
- Is Tender

● **THE PAIN IS**

- Constant
- Intermittent
- Radiating
- Throbbing
- Dull/Aching
- Sharp

I WANT
Pain Medicine



MEMO: _____

- **PLAN OF CARE:** YES NO Please Explain I Need Reassurance
- Where When What Stop What Is The Plan? When Can
- How Why Who Continue How Am I Doing? I Go Home?