

## YOĞUN BAKIM ÜNİTESİNDE HEMŞİRE-HASTA İLETİŞİMİ

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**Özet:** Hemşire; bakım verirken veya tedavileri uygularken, sağlık ekibinin diğer üyelerinden farklı olarak her an hasta ile iletişim içerisinde. Hemşire, iletişimi hasta bireyi tanımak, bakım ihtiyaçlarını, öncelikleri belirlemek ve bu veriler doğrultusunda uygulamalarını yaparak sonucu değerlendirmek için bir araç olarak kullanır. Etkili ve doğru iletişim, hemşirenin hastaları ile ilişkilerinde kabullenme ve güven duygusunun geliştirilmesi, hastanın psikososyal bütünlüğünün ve başarılı bir hemşirelik bakımının sağlanması için gereklidir. Hemşireler, iletişim aracılığıyla yardım ilişkisi kurarlar, problemleri tanımlama ve stresle baş etme, problem çözüme iletişim tekniklerini kullanırlar. Hemşirenin hastaya ulaşabilmesi için elindeki en önemli araçlardan biri iletişim bilgisidir. Hemşireler sosyal iletişimde doğal olarak başarılı olmalarına karşın, insanlarla etkileşimlerini çözümlenmeyi öğrenmek ve bu becerilerini hemşirelik bakımının geliştirilmesinde kullanmak zorundadırlar. İletişimin önem kazandığı alanlardan biri olan yoğun bakım üniteleri, gerek araç-gereç donanımı yönünden gerekse hastaların nitelikleri yönünden diğer tedavi ünitelerine ve kliniklere göre büyük farklılıklar göstermektedir. Yoğun bakım üniteleri birden fazla organı ilgilendiren, ciddi ve kronik organ yetmezlikleri olan ve hızlı müdahale gerektiren hastaların kabul edildiği ve bu hastalara temel ve ileri yaşam desteğinin sağlandığı ünitelerdir. Yoğun bakım ünitelerinde bilinci açık ve entübe olan hastalar ile etkili iletişim hemşirelerin başarmaları gereken önemli bir sorumluluktur. Bu derleme makalede yoğun bakım ünitelerinde görev yapan hemşirelerin bilinci açık hastalar ile iletişimde kullanabilecekleri yöntemlere ilişkin literatür gözden geçirilmektedir.

**Anahtar Kelimeler:** İletişim, Yoğun Bakım, Hemşirelik Bakımı

## THE NURSE-PATIENT COMMUNICATION IN CRITICAL CARE UNITS

**Abstract:** When nursing care, treatment, applying different from other members of the health of members is in communication with the patient all the time. Nurse, communication, get to know the individual patient, maintenance needs, set priorities, and uses it as a tool for evaluating the result from applications based on data. Effective and accurate communication, confidence, acceptance and development of its relations with patients, nurses, the patient's psychosocial integrity and providing nursing care required for a successful. Nurses help you establish a relationship through communication, identify problems and coping with stress, problem solving, communications techniques and use. One of the most important tool as in hands of nurses are successful in social communication, naturally, to learn to analyze the interaction with people and have to use these skills in the development of nursing care. The increasing importance of the critical care units are one of the areas of communication, both in terms of hardware equipment and other treatment of patients in terms of qualifications and units vary greatly according to the clinics. Critical care units involving more than one organ, which is a serious and chronic organ failure, and acceptance of



the patients and these patients may require rapid intervention and basic and advanced life support units are provided. Important responsibility of nurses is to achieve effective communication with conscious patients in critical care units. In this compilation article, reviewed in the literature about methods that use by nurses who work in critical care units to communicate with the conscious patients.

**Key Words:** Communication, Critical Care, Nursing Care

## INTRODUCTION

Communication involves all aspects of human life, and it is a basic component for human beings to carry on certain relationships with others and to come to an agreement with them within a framework (Üstün, Akgün and Parlak, 2005). An inevitable part of human life, communication requires a mutual expression of emotions, sharing, exchange of ideas, and interaction through influence. Interpersonal communication is a process by which people convey any emotions or opinions of theirs to others in either a conscious or unconscious way. In communication, 60% of messages are conveyed through body language, 30% through tone of voice, and the remaining 10% through words. Communication occurs whenever and wherever one meets or contacts others and the conveyed message consists of individual psychosocial experiences (Baltaş and Baltaş, 2004).

The significance of communication, as well as its meaning, depends on conditions. Its significance and meaning multiply when one is in pursuit of health for any reason, when he/she is admitted to the hospital, when he/she experiences changes in his/her habits, and when he/she suffers from stress or ambiguity (Terakye, 1994).

Proper and effective communication is necessary for recognition and trust in the nurse-patient relationship, for the psychosocial integrity of patients, and for successful nursing care. One of the prerequisites for achievement in critical care nursing is good communication skills. In this respect, an critical care nurse must have a more special quality marked by decent communication skills and knowledge, seeing that he/she is closer to the patient than other members of healthcare staff. An insight into the characteristics of critical care patients, along with understanding the effect and significance of the patient-nurse communication, is essential for nurses to overcome difficulties they experience in their communication with patients in critical care units (Terakye, 1994).

One of the areas where communication is becoming more and more important, critical care units differ greatly from other departments of treatment and clinics not only in equipment but also in the characteristics of patients (Terakye, 1994). Nurses need to be in constant communication with critical care patients who are conscious. It is a well-known fact that there are problems involved in communication, in particular, with intubated patients who are conscious. Nurses must be able to make proper decisions in a short time and prove to be life-savers in these special



units, where changes can be observed in patients' conditions at any moment (Terakye, 1994).

The purpose of the present study is to provide a review of literature on the communication between critical care nurses and critical care patients who are conscious.

### **The Effect of Critical Care Units on Patients**

An critical care unit is a particular department of treatment admitting those patients that have severe multiple organ failures and require urgent intervention; it is where such patients are provided with basic and advanced life support (Akdeniz and Ünlü, 2004). By 70%, the causes of being admitted to critical care units are respiration and/or cardiovascular system disorders, which negatively affect patients' ability to communicate. Other common causes include upper and lower gastrointestinal bleeding, intoxications, and acute kidney failure (Uysal et al., 2010).

Being in an critical care unit is a difficult experience for a patient (Taşdemir and Özşaker, 2007). In a study by Sekmen on the effects of technological specifications of critical care units on patients and their families, over 40% of the patients who participated in the study reported that they were troubled with inability to move, inability to see their friends or relatives, being in a closed area, seeing what interventions are made on other patients in their room, feeling alone, being naked, being connected to medical equipment, and inability to speak (Sekmen, 1996).

In another study by Tuncay on patients' views of physical properties of critical care units, the patients reported their complaints of constantly

being in bed, lack of communication devices such as the radio or TV, the limited number of visitors, seeing other suffering and deteriorating patients, being in an unfamiliar environment, lack of newspapers or magazines, the noise of nearby equipment, and witnessing the medical interventions on other patients (Tunçay, 2005).

Inability to establish proper and effective communication with patients might lead them to experience ambiguity and anxiety (Taşdemir and Özşaker, 2007). According to the findings of So and Chan, not knowing where they are is a significant source of stress for patients (So and Chan, 2004). Communication skills of patients could get limited by a number of factors in critical care units, thus making it difficult for one to communicate with them (Kutlu, 2009). In this respect, it is essential that patients should be communicated as soon as they are admitted to critical care units and they should be informed about these units; in this way, it will be possible to overcome problems that might result from their stay in an critical care unit. An critical care nurse is the first person to notice any changes in patients' conditions, to evaluate whether they are notable, and to decide what conditions are worth reporting physicians (Sekmen, 1996).

In another study, Price discovered that communication in critical care units is essential for patients, whether they are conscious or unconscious, and critical care syndrome could be prevented through proper and effective communication (Price, 2009). Critical care syndrome is acute confusion that occurs 48 hours after one is admitted to an critical care unit (Dedeli and Durmaz, 2005).



Although there are lots of studies in the literature on care requirements, nursing interventions and care practices for bedridden patients and terminal illnesses in critical care units, there is less reference to the difficulties experienced during communication with such patients. According to Harrison and Nixon, critical care nurses spend 85% of their working time on providing direct healthcare and they spend only 3% of their working time on establishing verbal communication with patients (Harrison and Nixon, 2002).

Similarly, Tükel found that most nurses have difficulties in communicating with patients who are unconscious, and they cannot communicate with them (Tükel, 2006). In another study, Özdemir reported that psychosocial activities are less common than physical activities in care practices for terminally ill patients (Özdemir, 2007).

### **The Nurse-Patient Communication**

Nurses establish a helping relationship through communication, and they use communicative techniques for identifying problems, coping with stress and solving problems (Terakye, 1994; Özcan, 1996). One of the most significant instruments they have for accessing a patient is their knowledge about communication. Although they are naturally successful at social communication, they need to learn how to analyze their interaction with people and to use such knowledge for improving their nursing care. Communication skills should not be taken for granted in nursing. One needs to have communication skills and knowledge so that he/she can most properly establish communication with patients when they experience physical or psychosocial communication problems. Patients may have various communication needs; they

might need advice, assurance, counseling or social relationships. The extent to which a nurse can satisfy such needs depends on his/her communication skills and experience (Özaltın, 1998).

Patients need to communicate with those who care for them. In this way, they feel that they can interact with others and establish connection with facts, which, in turn, enables them to consider themselves valuable. In the nurse-patient communication, one of the parties needs professional help whereas the other is the person who can use his/her knowledge and skills for benefiting the former's physical, social and emotional health. The focus of the nurse-patient interaction is the satisfaction of the requirements of the patient (Özcan, 1996).

Nursing rests on providing care and helping, involves constant dialogue and bringing people together, focuses on interpersonal processes, and provides people with direct service. Communication holds a prominent place in interpersonal processes. Nursing theorists consider communication as the essence of the unique functions of nursing (Terakye, 1994).

In the profession of nursing, communication is the basis for all processes intended to restore the disrupted balance in the system. Helping communication is the most important instrument for forming, shaping and guiding nursing care. It is important to learn how to use this instrument so that it can be used properly when necessary (Terakye, 1994).

### **Critical Care Nursing and Communication**

Critical care units are where nursing care activities are most heavily carried out. Nursing care

in critical care units is customized nursing care provided for critically ill patients with obvious or potential disorders in their vital organ functions. The objective of critical care nursing is to help patients receive healthcare, to enable them to restore their health, to relieve their pain, and, as far as terminally ill patients are concerned, to prepare them for a restful death. By establishing a therapeutic relationship with patients and their friends/relatives, critical care nurses make preventive, curative and rehabilitative interventions so that patients are supported physically, psychologically, sociologically and mentally. An critical care nurse must be a careful observer, have a higher sense of responsibility, and be able to recognize and report the slightest change in patients. Furthermore, they must be able to boost patients' morale and comfort as much as they can (Bayrak, 2010; Koç, 1999; Şahinoğlu, 1991; Ünlü, 2004).

Although it is known that critically ill patients in critical care units experience a number of problems linked with their inability to speak during their illnesses., it is reported that the actual process of the nurse-patient communication in critical care units cannot be measured in a systematic way, Without such data, it is difficult to set appropriate and evidence-based standards for communication with critically ill patients (Happ et al., 2011).

In critical care units, post-operative patients, especially those who have a risk of aspiration and develop respiratory failure, stay intubated until their conditions are stable. Appearing to give few reactions, such patients are subject to a lot of stress depending on their illnesses and the critical care environment. In particular, intubated patients lose

much of their ability to communicate (Yava and Koyuncu, 2006).

A study has revealed that more than 2.7 million patients in critical care units in the U.S.A are not able to speak because of their mechanical ventilation requirements or artificial respiration procedure. The ability to communicate might get disrupted during sedation in critically ill patients, delirium, prostration or neurological diseases, too. Difficulty in communication is known to be the most commonly reported symptom for critical care patients with mechanical ventilation requirements and to be linked with anxiety, panic, anger, irritation, insomnia, and distress. In addition, nurses report that they are disappointed by the fact that patients cannot verbally express their symptoms, pain levels, or needs (Happ et al., 2011).

The process of communication with an intubated patient is narrated in the following case report. A lady who had undergone aortic and mitral valve replacement recounted after extubation as follows: "Prior to the operation, the nurse told me that a tube was going to be inserted into my throat. I knew that I must not pull the tube off. When I woke up, all I remembered was that my nose was itching terribly. Whenever I attempted to reach my nose with my hand, one of the nurses held my hand and did not allow me to scratch it. I could not stand it anymore. In the end, I tried to scratch the arm of the nurse who was holding my hand. It was only then that the nurse understood what I meant. She let go of my hand, I scratched my nose, and I felt on top of the world" (Happ et al., 2011).

Yava and Koyuncu reported another case as follows: "I.S., who was eleven years old, was



going to undergo atrial septal defect operation. Since he had a younger sibling, his mother could not accompany him, so he came with his father. I.S. was an autistic child. Prior to the operation, he and his father were presented with communication cards, as well as other relevant information and training, and taught how to use them. Communication was established with I.S. through communication cards and signing methods during the time he was intubated following the operation. I.S. was observed to be quite amiable after the operation. No communication problem was experienced even when he was sometimes left alone by his father". The case is reported to suggest that communication is facilitated when patients and their family are trained well and when the correct communication method is chosen (Yava and Koyuncu, 2006).

Traced back to the Second World War, critical care and critical care nursing are intended to optimize one's physiological, psychological, emotional and social balance, and to provide him/her with individual care, which has a direct influence on his/her life. A well-planned care procedure is essential for ensuring optimal dynamic balance, attaining desired outcomes and results, and lengthening life-span. For successful critical care nursing, an critical care nurse should be willing to get involved in teamwork, open to training and development, and able to get involved in crisis management. He/she should be able to use medical devices and technology in the unit he/she is working, act and decide quickly, think analytically, and interpret environmental stimuli (Yoğun bakım ünitesi hemşiresi, 2012).

### Recommendations for Effective Communication in Critical Care

Several studies have identified difficulties in communicating with intubated patients and patients with mechanical ventilation requirements in critical care units as well as techniques for overcoming such problems (Johanson, 2001). Similarly, Yava and Koyuncu reported their experiences in communicating with intubated patients and analyzed the effect of communication problems during intubation on the process of recovery. According to their findings, proper and effective communication is instrumental in reducing patients' anxiety and shortening the period of critical care (Yava and Koyuncu, 2006).

- ✓ The nurse should not act frenetically or hurriedly. Frenetic behaviors are likely to increase the anxiety felt by the patient and his/her family. If the nurse is around the patient all the time, the patient is prevented from feeling alone and enabled to feel safer.
- ✓ Informing prior to procedures decreases anxiety and prevents misunderstanding. However, expressions should be clear and plain.
- ✓ Medical terminology should be avoided.
- ✓ A reassuring tone of voice should be adopted.
- ✓ The patient should be talked to and called by his/her name so that he/she will not feel that he/she is cared for less than equipment is.
- ✓ In a way that will provide support and security for the patient, "touching" should be used as a conscious communication technique.

In another study, Patak attempted to assess post-extubation patients' views of the effect of the communication board developed to reduce communication problems during intubation. More than two-thirds of the patients (69%) reported that the communication board used during intubation could facilitate communication (Patak, Gawlinski, Berg and Elizabeth, 2006).

A communication board is a practical instrument designed to overcome communication problems experienced by intubated patients (Figures 1 and 2). Thanks to the instrument, individuals who are unable to speak are enabled to use the language in an easier way and to express themselves. Communication with such boards is established through visuals, symbols, photographs or words. They are essentially designed to meet patients' needs for specific and general words.

### **Obstacles to the Nurse-Patient Communication**

To nurses, critical care units are areas characterized by intense stress and heavy workload depending on the existence of critically ill patients. In a study by Fesci et al., the nurses who participated in the study reported that they commonly experienced problems while patients were admitted to the clinic. Furthermore, the primary reason for the obstacles to communication and training was reported to be lack of time. Other causes included lack of staff, the high number of patients, and job-based working principle (Fesci, Doğan and Pınar, 2008). In their study on health professionals' stress experiences, Tel et al. found that communication problems, workload and lack of staff/equipment were primary causes of work-related stress (Tel, Karadağ, Tel and Aydın, 2008). Job satisfaction is negatively influenced by work-related stress. In fact, Dede

and Çınar concluded from their study on nurses providing internal critical care that the greatest job satisfaction for critical care nurses was from the dimensions 'objectives for the patient' and 'loving the job'. In addition, it was reported that sources of stress should be decreased in order for nurses to have higher levels of job satisfaction (Dede and Çınar, 2008). It is evident that problems might occur in the nurse-patient communication depending on stress and workload.

### **CONCLUSION**

Studies on the effects of technological specifications of the critical care environment on patients and their families have revealed that patients are troubled with inability to move, inability to see their friends/relatives, being in a closed area, seeing what interventions are made on other patients in their room, feeling alone, being naked, being connected to medical equipment, and inability to speak.

In addition, studies on patients' views of physical properties of critical care units have concluded that patients are troubled with constantly being in bed, lack of communication devices such as the radio and TV, the limited number of visitors, seeing other suffering and deteriorating patients, being in an unfamiliar environment, lack of newspapers and magazines, the noise of nearby equipment, and witnessing the medical interventions on other patients. Another study has found that not knowing where they are is a significant source of stress for patients.

It is essential that nurses should be knowledgeable about techniques for communicating with intubated patients, effective communication in critical



care units, and communication requirements of intubated patients, and that in-service training sessions should be organized and carried out constantly. Furthermore, nurses should observe every effort made by patients to communicate, monitor their behaviors, and attempt to understand their feelings.

Among the primary causes of problems linked with communication between nurses and patients are reported to be lack of time and staff. Therefore, nurse-patient ratios in critical care units should comply with the standards specified by the Ministry of Health, and planning should be in accordance with the criteria for critical care. It is clear that nurses are having difficulty in communicating with critical care patients. Considering the difficulties experienced by nurses, it is recommended that certain precautions should be taken to improve their working conditions and that in-service training programs should be periodically held in the workplace in accordance with current requirements.

Proper and effective communication with patients in critical care units makes sure that patients are handled as a whole and quality nursing care is provided. Furthermore, it facilitates job satisfaction and patient satisfaction. Thus, the use of communication boards should be popularized and nurses should be provided with required training. During their undergraduate studies, prospective nurses should be informed about techniques for communicating with special patients through case studies.

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Figure 1. Communication Board Front Side

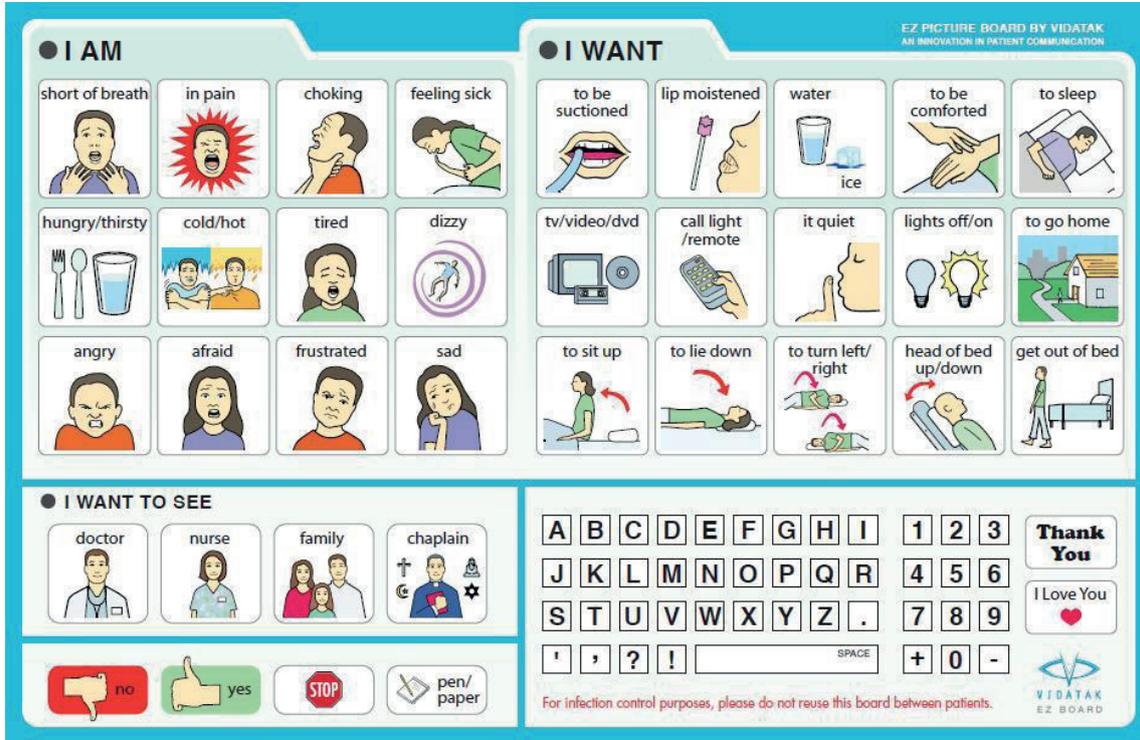
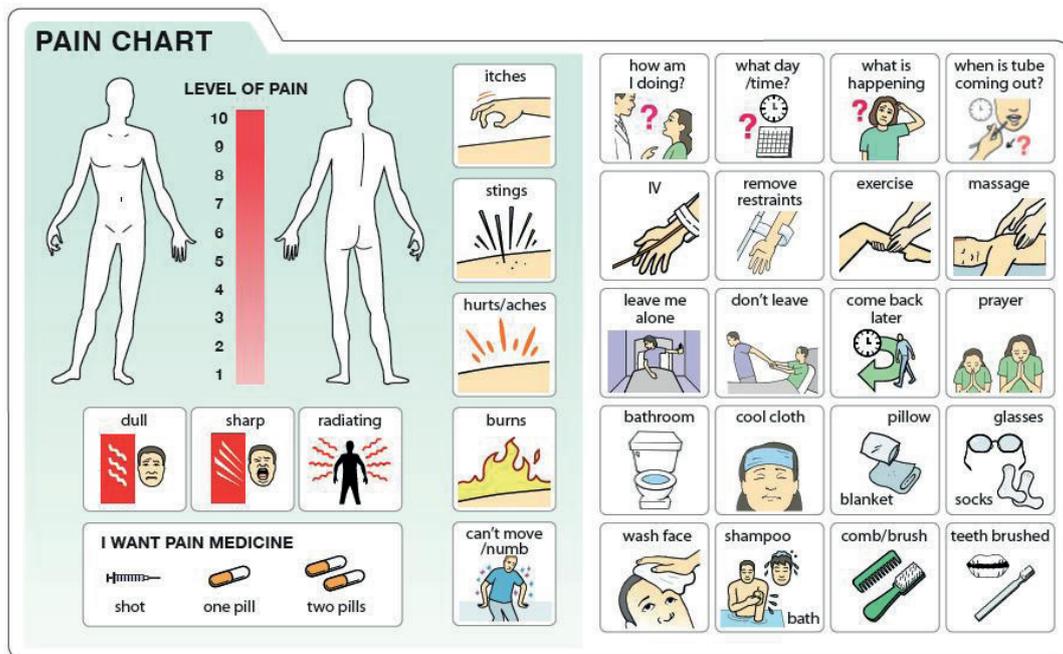


Figure 2. Communication Board Back Side



All images copyright Children's Hospital Boston 2008. Used by permission. All rights reserved. KEEP THIS BOARD WITH PATIENT AT ALL TIMES To order Vidatak E-Z Board call 1.877.382.6273 © 2008 Copyright. All rights reserved. Item No. 545 - Picture MADE IN CHINA