

Imaging. Radiology. Diagnostics. *Three* names, one room.

Helping patients reach care without asking them to
decode the hospital's internal structure.

Your users are tired, in pain, or *frightened*.

Large buildings, corridors that look identical, multiple entrances and departments that move. The people navigating it are often older, unwell, anxious, unfamiliar with the local language or looking after someone else. The system has to work on the worst day, not the best one.

Map these, then walk them yourself

01 Gate to building

Property entrance to the correct building and the correct entrance.

02 Parking to registration

Including the drop-off and the accessible route.

03 Registration to OPD

Then OPD to diagnostics and pharmacy.

04 Emergency to triage

Separate and unmistakable from every other arrival.

05 Lift to ward to exit

Room, then billing, discharge and the way out.

Seven layers, and signs are only one

01

One name each

A controlled naming schedule used on SMS, web, kiosk and sign alike.

03

Decision points

Directions before the turn. Confirmation after the complex bit.

05

More than colour

Pair every colour with a number, word, symbol or landmark.

07

People and screens

Desks, volunteers and kiosks using the same names as the signs.

02

Arrival identity

Separate emergency, outpatient, inpatient and service entrances.

04

Progressive detail

Zones at the gate, departments in the lobby, next steps in the corridor.

06

Real languages

Chosen from actual patient need, with space for longer translations.

08

Then test it

With real first-time visitors, on real tasks, without leading them.

Six families, six different jobs

Site identity	Main pylon, building name, entrance marker. Confirms you are in the right place.
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Directional	Road, lobby, corridor and lift-lobby directions. Guides the next decision.
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Directory	Campus map, lobby and floor directories. Shows what is in this zone.
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Identification	Department, ward, room, desk and counter. Confirms arrival.
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Regulatory	Fire, egress, hazard, hygiene, restricted areas.
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Changeable	Clinic lists, doctor schedules, temporary diversions. Design the update method.
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Rules for signs in more than one language

- Decide which messages need every language and where a symbol carries the meaning.
- Use professionally reviewed translations, not a staff member with a phone.
- Keep the destination order identical across every sign.
- Separate languages through layout without shrinking one into illegibility.
- Allow for translated terms running longer than the English.
- If the sign gets crowded, cut destinations. Never cut type size until it fits.

Colour coding is *reinforcement*. It is not the system.

People perceive colour differently, and a coloured route falls apart where the architecture gives no continuous surface to carry it. A 2024 study of a 960-bed public hospital in eastern India found colour-coded multilingual signage improved the system while users still relied on staff to confirm. Signs and people work together or neither works.

Give people a real task and watch

- “You have a cardiology appointment at 10:30. Start at the drop-off.” Then stay quiet.
- Record wrong turns, backtracking, long pauses and scanning.
- Note which signs they miss and which words they do not understand.
- Mark every point where they give up and ask a staff member.
- Check whether they can find the exit afterwards.
- Include older adults, wheelchair users, other-language speakers and the staff who give directions daily.

What to send before anyone designs anything

01 Plans and entry points

Campus and floor plans, parking, transport, drop-off.

02 Approved public names

Department list with the name the patient will actually be told.

03 Volumes and journeys

Patient numbers and which journey types dominate.

04 Languages and standards

Required languages, accessibility, safety and accreditation rules.

05 What is changing

Planned renovations, phased operations, and who owns updates after handover.

Installed in a *working* hospital.

We plan healthcare wayfinding, fabricate it in Bengaluru and install it with infection control, access, noise and shutdown windows agreed in advance. Everything is finished and checked on the bench before a short install window opens.

1991	9,000+	50+
SINCE	SPACES	CITIES

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