Name: _____ Date: _____

Vital Signs

1. CAALIP SUPLE apical pulse
2. AIVTL NSISG vital signs
3. OTTRIHTSOAC NPIHOYSTENO orthostatic hypotension
4. ORAOTHPNE orthopnea
5. ARBHLIAC ELUPS brachial pulse
6. XRAPIOEINT expiration
7. YIOTSCLS systolic
8. EPENUA eupnea
9. EYHO-TSSEKENC INSRRIPTAEO cheyne-stokes respiration
10. RHYHEIAPMOT hypothermia
11. ETMRTEHMERO thermometer
12. MHOMPEYTAESMRNGO sphygmomanometer
13. HECANYATP tachypnea
14. DLARIA LEUPS radial pulse
15. RBIDCYDAAAR bradycardia
16. ITIOLSADC diastolic
17. NPHOEREITNYS hypertension
18. RAINTIPOISN inspiration
19. CYHIADACRTA tachycardia
20. SRIRTEENYEPHNPO prehypertension
21. OHSTEPOTSCE stethoscope
22. RTNRPOEISIA respiration
23. APNEA apnea
24. EAYPNSD dyspnea
25. NINYPEOHOTS hypotension