

Name: _____

Date: _____

CNA Class

- | | |
|---------|---------------------------|
| 1. lb | A. Side rails |
| 2. tid | B. 4 times a day |
| 3. STAT | C. Without |
| 4. SR | D. pound |
| 5. SOB | E. water |
| 6. S | F. no concentrated sweets |
| 7. ROM | G. Physical therapy |
| 8. qod | H. Dead on arrival |
| 9. qid | I. range of motion |
| 10. qd | J. 3 times daily |
| 11. PT | K. hour of sleep |
| 12. prn | L. by mouth |
| 13. pc | M. daily |
| 14. PO | N. diagnosis |
| 15. NPO | O. At once, immediately |
| 16. NCS | P. catheter |
| 17. NAS | Q. no added salt |
| 18. NA | R. head of bed |
| 19. HS | S. director of nursing |
| 20. HOB | T. Nurse assistant |
| 21. H2O | U. as needed |
| 22. DX | V. every other day |
| 23. DON | W. Shot of breath |
| 24. DOA | X. do not resuscitate |
| 25. DNR | Y. after meals |

26. Cath

Z. nothing by mouth