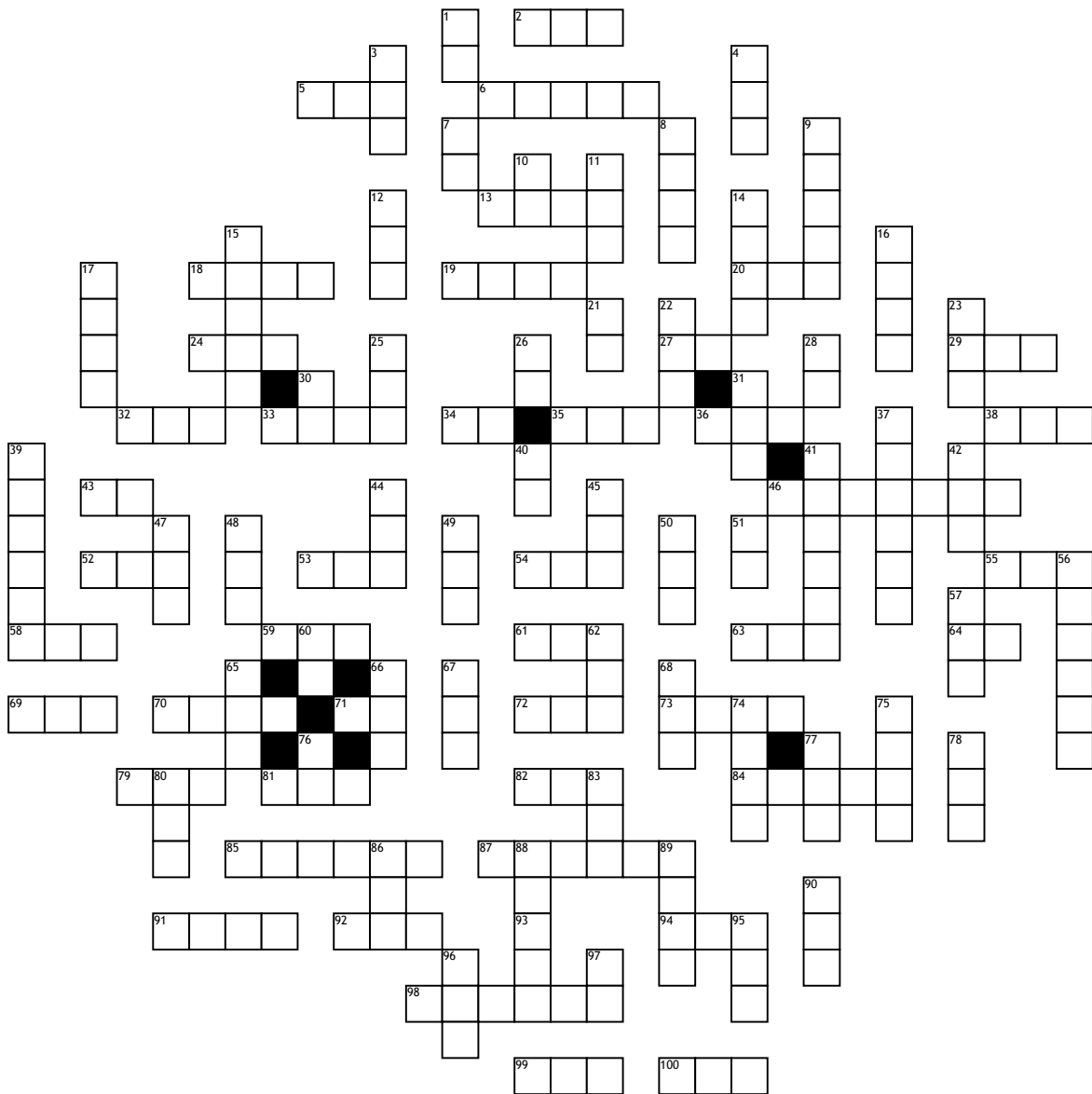


Name: _____

Date: _____

Abbreviations



- Across
- 2. Certified nursing assistant
 - 5. No known allergies
 - 6. Vital signs
 - 13. Immediately
 - 18. Activities of daily living
 - 19. Material safety data sheet
 - 20. Cerebrovascular accident, stroke
 - 24. Three times a day
 - 27. Pulmonary embolism
 - 29. Out of bed
 - 32. Licensed practical nurse
 - 33. Passive range of motion
 - 34. Fracture
 - 35. Temperature, pulse, respiration
 - 36. Diet as tolerated
 - 38. Right lower extremity
 - 43. Every day
 - 46. Electrocardiogram
 - 52. Bathroom privileges
 - 53. Two times a day
 - 54. Long term care
 - 55. Continuing education unit
 - 58. Full weight-bearing
 - 59. Automated external defibrillator
 - 61. Upper respiratory infection
 - 63. Incontinent
 - 64. Overdose
 - 69. Do not resuscitate
 - 70. Fingertick blood sugar
 - 71. By mouth
 - 72. Nothing by mouth
 - 73. Active range of motion
 - 79. Complete bedrest
 - 81. Left lower extremity

- 82. Hypertension
 - 84. Hours of sleep
 - 85. Blood pressure
 - 87. Before meals
 - 91. Millimeters of mercury
 - 92. Against medical advice
 - 93. Left
 - 94. When necessary
 - 98. Every hour
 - 99. Every other day
 - 100. Continuous bladder irrigation
- Down
- 1. Tuberculosis
 - 3. Coronary artery disease
 - 4. Deep vein thrombosis
 - 7. Registered nurse
 - 8. Methicillin resistant staphylococcus aureus
 - 9. Health insurance portability and accountability act
 - 10. Occupational therapy/therapist
 - 11. Urinary tract infection
 - 12. Bedside commode
 - 14. Long term care facility
 - 15. As desired
 - 16. Omnibus budget reconciliation act
 - 17. No know drug allergies
 - 21. Myocardial infarction
 - 22. Benign prostatic hypertrophy
 - 23. Shortness of breath
 - 25. Range of motion
 - 26. Physical therapy/therapist
 - 28. Bowel movement
 - 30. Doctor
 - 31. No added salt
 - 37. Wheelchair
 - 39. Clostridium difficile
 - 40. Oxygen
 - 41. After meals

- 42. Above knee amputation
- 44. Medical doctor
- 45. Complete blood count
- 47. Personal protective equipment
- 48. Skilled nursing facility
- 49. Peripheral vascular disease
- 50. Left upper quadrant
- 51. Bedrest
- 56. Urinalysis
- 57. Hard of hearing
- 60. Emergency department
- 62. Intake and output
- 65. White blood count
- 66. Head of bed
- 67. Date of birth
- 68. Every morning
- 74. Occupational safety and health administration
- 75. Respiration
- 76. Milliliter
- 77. Complaints of
- 78. Chest x-ray
- 80. Below knee amputation
- 83. Not applicable
- 86. Beats per minute
- 88. Clear liquid
- 89. Chronic obstructive pulmonary disease
- 90. Congestive heart failure
- 95. Nausea, vomiting, diarrhea
- 96. Protected health information
- 97. Respiratory rate