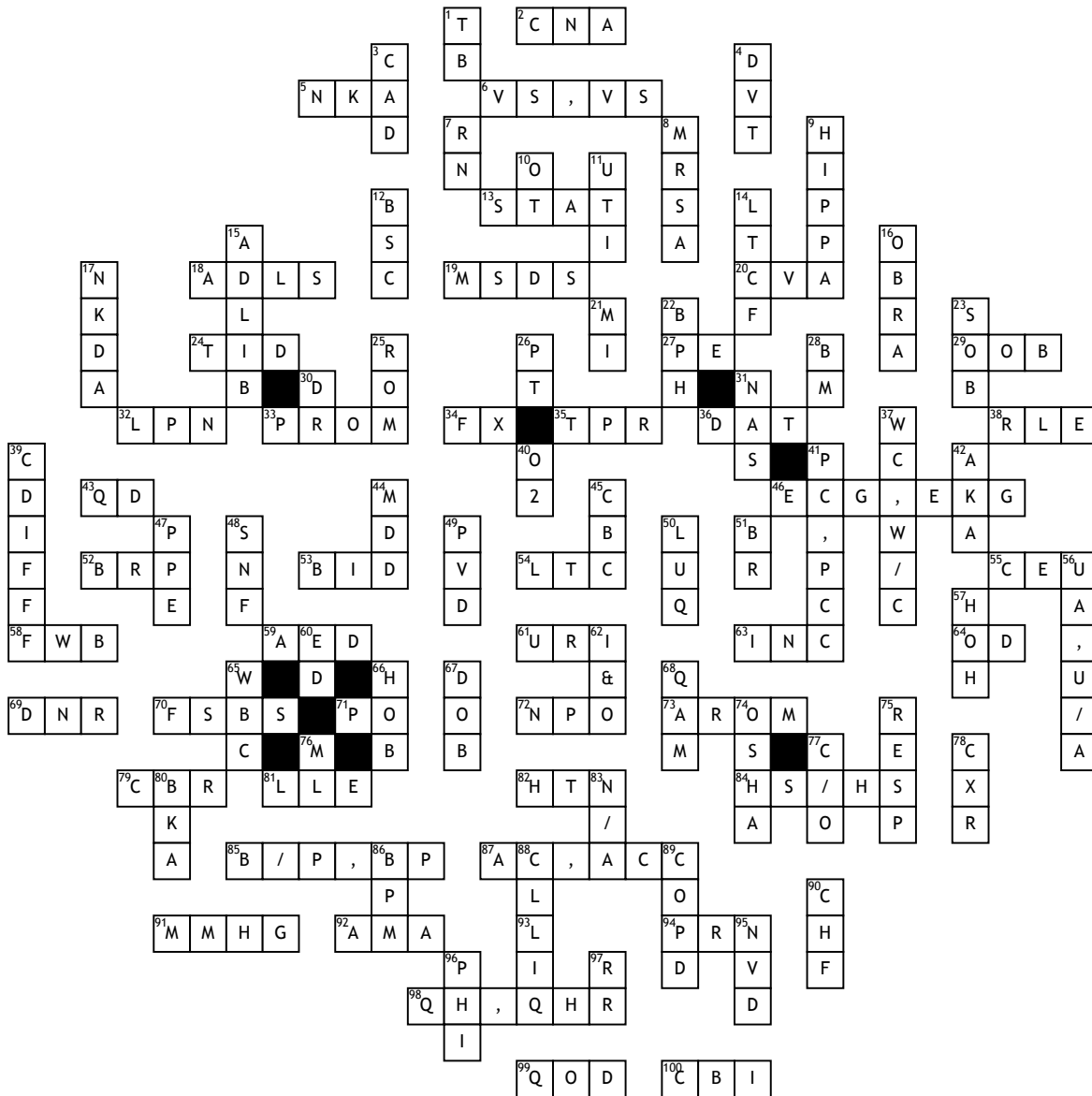


Name: _____

Date: _____

Abbreviations



Across

1. 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

Down

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
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 known 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