Name: _____ Date: _____

Respiratory

B H C T G H A Y F Q V Z D R B H Y D C S X Z C X
V W R K R N J K H T E W Q T F H R D S Y M R V C
B G X G J D X D J X X S E W E H P F F Z W T W N
X A N B Q F N B P O N A W G O T E A S P P E P X
W S D F D B A U F M D U V N M U B O G T A N A A
N G E F H X V J F S G K C T S X L F P T I U X E
O U V E X G A N U L S H D E L I V E R Y R O O M
I T U T B Y M Z P P I L M D U S P J L F I M I W
T I P T H N E P O Z L T D P J S M L O C C C F Z
A T P E F J G V E Q D E Z E E H W M R P Y Y F C
L N S S V P M N N N D F E K G F U A E T X W B R
I E G S T U U I J R V G J D L A V P T H K M N A
T D K A M M H N G Q M Z B M O G M G U A U K K C
N U N C G F E C J G Z X Y G Q P C A B S D Q U K
E S L Y S M K E A L I B X F I M Z R L T O U S L
V S D R O V J G M I Q H V R A J Y O A C Q J W E
Q G O O L B I K B S V K L F W O R Q O T T M Q S
K E W T U T K N U A X B F H H A I I I O P E I X
L H K A R Y K W B R U C K W C S E F D K F J Q C
M Q Y R F E X B A E U Z U B O W B J U T E T D H
J K U I I V F L G S C X O S O D S O K J R I H F
E Z L P E R U S S E R P E V I T I S O P P N V L
C X O X O R G D D N F U S A W E G U U G D Z W J
P X K E J U M M G H V E B J R U R Z K L T V W M

expiratory cassette
positive pressure
delivery room
ventilation
albuterol
ambu bag
crackles
neopuff
rhonchi
wheeze
apgar
nava