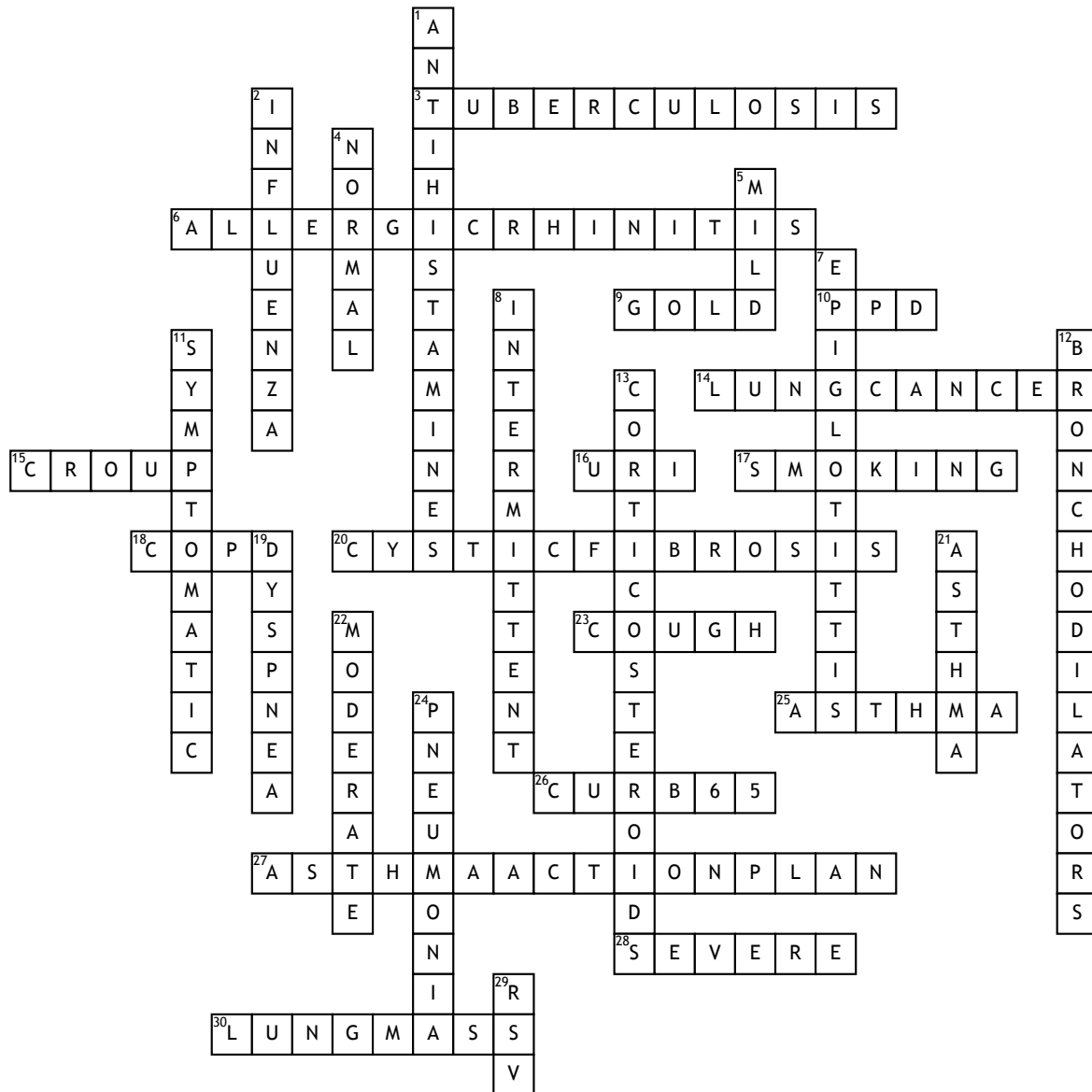


Name: _____

Date: _____

Respiratory



Across

3. Spread by airborne droplets. Often found and diagnosed in immunocompromised population. Homeless, elderly, history of drug and alcohol use. Symptoms include weight loss, fever, night sweats, and cough.

6. Allergic shiners, postnasal discharge, nasal congestion, sneezing, watery eyes, sometimes fatigue.

9. Global Standards for COPD

10. Test that checks for Tuberculosis. --Greater than 5mm induration - those with HIV or previously healed TB infection, exposure to TB, or on immunosuppressive therapy. -- Greater than 10mm induration - foreign born in country with endemic TB, institutionalized individuals, pre-existing conditions that lower immunity such as diabetes, malnutrition, chronic renal failure. -- Greater than 15mm - otherwise healthy individuals without usual risk factors for TB

14. Cough, dyspnea, sometimes productive and bloody may indicate

15. Stridor, barking cough

16. Viral illness with nasal congestion, sneezing, scratchy throat, fever, and cough.

17. The most commonly encountered risk factor for COPD.

18. Disease that is preventable and treatable, but is a major cause of chronic morbidity and mortality. Patients often suffer for years and die from complications of the disease. Characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases.

20. The sweat test is considered the gold standard for diagnosing this lung disease

23. Differentials include viral, post-nasal drip, allergic rhinitis, URI, GERD, COPD, caused by ACE Inhibitor, or CHF to name a few.

25. Disease that uses stepwise treatment plan, including rescue inhaler and "steps-up" and "steps-down" when disease exacerbation and control.

26. Score for scoring severity of Pneumonia. (Includes two numbers)

27. Every physician and patient should have agreed plan to include peak flow meter instruction (green-yellow-red zone instructions.)

28. Classification of asthma: Symptoms throughout the day. Nighttime awakenings depending on age >1x/week or often every night. SABA use several times a day. Extremely limited normal activity. FEV <60%. Persistent

30. See Picture B

Down

1. Treatment of Allergic Rhinitis

2. Quick onset fever, malaise, myalgia, headache, anorexia, rhinitis, sore throat, and nonproductive cough

4. See Picture A

5. Classification of asthma. Symptoms greater than 2 days/week but not daily. Depending on age, 1-2x or 3-4x per month nighttime awakenings. >2 days/week SABA but not daily. Minor limitations to normal activity. FEV>80%. Persistent

7. Emergent condition. Patient will be drooling. DO NOT OPEN TO EXAMINE AIRWAY!

8. Classification of asthma. Symptoms less than 2 days/week. 0 to less than 2x/month of nighttime awakenings. <2 days/week SABA. No interference with normal activity. Normal FEV between exacerbations. FEV >80%.

11. Treatment of URI

12. Medications that increase FEV1. Alter airway smooth muscle tone and improves expiratory flow. In COPD they are given on a regular basis to prevent and reduce symptoms. SABA and LABA. Every patient with asthma must have a short acting beta agonists.

13. Treatment of croup

19. Shortness of Breath

21. Recurrent wheezing and cough at night. Can be childhood onset or even adult onset

22. Classification of asthma. Symptoms daily. Nighttime awakenings depending on age 3-4x per month or >1x/week but not nightly. Daily SABA. Some limitation to normal activity. FEV 60-80%. Persistent

24. Symptoms include fever, myalgia, sputum production, and tachypnea.

29. . Viral illness that presents with inflammation, swelling, increased mucous production and bronchospasm. Worse on infants less than one.